

NHS Glos Primary Care & Direct Commissioning Committee, Part 1

03/08/2023 02:00 PM - 03:30 PM

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NHS Gloucestershire Primary Care & Direct Commissioning Committee

Part 1

To be held between 14.00 – 15.55 on Thursday 3rd August 2023

*MS Team & Sanger House, 5220 Valiant Court, Gloucester Business Park,
Brockworth, Gloucester GL3 4FE*

Chair: Colin Greaves

No.	Time	Item	Action	Presenter
1		Introduction & Welcome	Note	Chair
2.		Apologies for Absence	Note	Chair
3.	14.00 –	Declarations of Interest	Note	Chair
4.	14.05pm	Minutes of the Last Meeting held 1st June 2023	Approval	Chair
5.		Matters Arising & Action Log	Discussion & Update	Chair
6.		Questions from the Public	Discussion	Chair
Items for Decision				
7.	14.05 – 14.15pm	Application from Yorkley and Bream Surgery to change Practice Area	Decision	Jeanette Giles
8.	14.15 – 14.25pm	Application to close Whitehouse Practice Branch Surgery at Blockley	Decision	Jeanette Giles
9.	14.25 – 14.35 pm	PCN Quality Improvement - Proposals and Process	Decision	Jo White
Items for Information				
10.	14.35 – 14.50pm	Delivery plan for Recovering Access to Primary Care	Information	Jo White
11.	14:50 – 14:55 pm	Primary Care Risk Report	Information	Jo White
12.	14:55 – 15.00 pm	Highlight Report: <ul style="list-style-type: none"> • PCN • General Practice • Pharmacy, Optometry & Dentistry Performance Report:	Information	Jo White
13.	15.00– 15.10pm	<ul style="list-style-type: none"> • PCN • General Practice • Pharmacy, Optometry & Dentistry 	Information	Jo White
14.	15.10 – 15.20pm	Primary Care Quality Report	Information	Marion Andrews-Evans
15.	15.20 – 15.30pm	Financial Report	Information	Cath Leech



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|-----|--------------------|---|-------------|----------------------|
| 16. | 15.30 –
15.35pm | ICS Transformation Programme & ILPs Highlight Report | Information | Helen Edwards |
| 17. | 15.35 –
15.40pm | Any Other Business (AOB) | Information | Chair |

Time and date of the next meeting

ICB Board Room, Shire Hall Gloucester, Thursday 5th October 2023, 14.00 – 15.30



NHS Gloucestershire Primary Care & Direct Commissioning Committee, Part 1

Declarations of Interest Register

Member Name	Date Raised	Declaration	Type	Agenda Item
Helen Goodey	04/08/2022	HG declared an interest as Board member and Joint Director of Locality Development & Primary Care with Gloucestershire Health and Care NHS Foundation Trust.		N/A
Dr Olesya Atkinson	06/10/2022	OA declared that she was the Chair of the Gloucestershire Primary Care Network (PCN) Clinical Directors' Group and Joint Clinical Director of the Central Cheltenham PCN. The Committee members considered the declaration and concluded that her participation was not prejudicial to proceedings.		N/A
N/A	01/12/2022	No declarations declared	N/A	N/A
N/A	02/02/2023	No declarations declared	N/A	N/A
N/A	17/04/2023	No declarations declared	N/A	N/A
Colin Greaves	01/06/2023	CG declared an Interest in Item 7 on the agenda as his daughter was a patient at Hucclecote Surgery. He said he would stay and lead the conversation, but would be abstaining on voting to ensure that there was no perception of a Conflict of Interest. This was duly recorded for this meeting as requested.		Item 7
Dr Laura Halden	01/06/2023	LH declared an Interest as being a GP at Gloucester Health Access Centre and for the Inner City PCN; and also temporary clinical lead for Blakeney, Forest of Dean PCN. LH also stated that she sits on the LMC and was previously a partner at Hucclecote Surgery, albeit not involved in any decision pertaining to their premises today.		

NHS Gloucestershire PC&DC Committee – DOI Log

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Part 1

Thursday 1st June 2023, 14.00-15.30pm

Board Room & Virtually at Sanger House, 5220 Valiant Court, Gloucester Business Park, Brockworth, Gloucester GL3 4FE

Members Present:		
Colin Greaves	CG	Chair & Non-Executive Director, GICB
Dr Andy Seymour	AS	Chief Medical Officer, GICB
Cath Leech	CL	Chief Finance Officer, GICB
Prof Jane Cummings	JC	Non-Executive Director, GICB
Dr Marion Andrews-Evans	MAE	Executive Chief Nursing Officer, GICB
Ayesha Janjua	AJ	Associate Non-Executive Director, GICB
Participants Present:		
Becky Parish	BP	Associate Director of Engagement and Experience, GICB
Carole Allaway-Martin	CAM	Councillor, Gloucestershire County Council and Member of Parliament
Helen Edwards	HE	Deputy Director of Primary Care and Place, GICB
Helen Goodey	HG	Director of Primary Care & Place, GICB
Jeanette Giles	JG	Programme Manager, Primary Care and Place, GICB
Julie Zatman-Symonds	JZS	Deputy Chief Nurse, GICB
In attendance:		
Andrew Hughes	AH	Associate Director Commissioning & Primary Care Premises Lead, GICB
Dawn Collinson	DC	Corporate Governance Administrator, GICB
Declan McLaughlin	DM	Head of Contracting, Primary Care and Place, GICB
Emma Jones	EJ	Practice Manager, Hucclecote Surgery
Fabian Toner	FT	Developer Representative, Gloucestershire County Council
Dr James Lambert	JL	Lead GP, Hucclecote Surgery
Kate Usher	KU	Head of Primary Care Workforce Development, GICB
Kirsty Young	KY	Primary Care Programme Manager, GICB
Dr Laura Halden	LH	Head of Gloucestershire Primary Care Training Hub, GICB
Sarah Rogers	SR	GP Nurse Lead of Primary Care Training Hub, GICB
Tim Scruton	TS	Practice Professional Advisor Lead, Osmond Tricks

1. Introduction & Welcome

1.1 CG welcomed those present and also a member of the public, Mr Nigel Mummery.

2. Apologies for Absence

2.2 Apologies were noted from Mary Hutton and Ellen Rule.

2.3 It was confirmed that the meeting was quorate.

3. Declarations of Interest

- 3.1 CG declared an Interest in Item 7 on the agenda as his daughter was a patient at Hucclecote Surgery. He stated that he would stay and lead the conversation, but would be abstaining on voting to ensure that there was no perception of a Conflict of Interest. This was duly recorded for this meeting as requested.

LH declared an Interest as being a GP at Gloucester Health Access Centre and for the Inner City PCN; and also temporary clinical lead for Blakeney, Forest of Dean PCN. LH also stated that she sits on the LMC and was previously a partner at Hucclecote Surgery, albeit not involved in any decision pertaining to their premises today.

4. Minutes of the Previous Meeting

- 4.1 The minutes of the previous meeting held on 17th April 2023 were approved as an accurate record of the meeting.

5. Action Log & Matters Arising

- 5.1 **17.04.23, Item 9.2 - Risk Report.** *CG commented that a risk found within the confidential risk register in reaction to sustainability for general practice and contended that this risk should appear within the public risk register. It was requested that HG reviewed this risk for the public session of PC&DC. HG stated that this risk would be assessed and brought back to the August meeting of the PC&DC with a briefing paper around the process that is followed to determine such level of risk. Action: Item to remain open.* HG

17.04.23, Item 10.2 – Delegation Documents. *CG noted that access to embedded documents during the signing off delegation were not accessible. Moving forward, more information on risk management and mitigations was requested for the next PC&DC Committee. HG informed that this had now been resolved. Action: Item closed.*

17.04.23, Item 12.4 – Research for Gloucestershire. *BP confirmed to the Committee that as part of the Research Hub which looked at qualitative data on patient experience for services within the County, the ICB would be facilitating a session for Research for Gloucestershire, due to be held 2nd May 2023. BP agreed to advise the committee on the detail. BP had subsequently circulated information to the members following the meeting. Action: Item closed.*

17.04.23, Item 14.1 – TWNS PCN Evaluation. *CG explained to the Committee that this item had been pulled from the agenda to support the PCN and would be presented at a future meeting. HG agreed to arrange this for the Committee. HG said this would be brought back to the next (August) meeting or subsequent one (October). She would confirm this at a later stage. Action: Item to remain open.* HG

6. Questions from the Public

- 6.1 There were no written questions from the public. CG said that this meeting was the first where a member of the public had attended since April 2015. A decision was made by the ICB on 31 May 2023 that Part 1 of the PC&DC meetings would continue to be held in public for the foreseeable future and CG stated that he looked forward to welcoming members of the public to attend as was their right.

7. Business Case for the development of a new surgery in Hucclecote

- 7.1 CG welcomed AH to the meeting who also introduced Dr James Lambert, Emma Jones, Rob Barnes, Fabian Toner and Tim Scruton who were all involved in this process. The Report of a Business Case set out the case for change and preferred option for the development of Primary Care (PC) services in Hucclecote. The Business Case had been circulated to voting members prior to the meeting.
- 7.2 AH informed the Committee that the development in Hucclecote had been a priority for over seven years. Moreover, he acknowledged that the Practice had worked hard at preparing the Business Case through what had been a challenging financial and commercial period. The Practice had subsequently moved from a GP led scheme, to a third party led scheme with Gloucestershire County Council.
- 7.3 AH highlighted the key drivers for the development of the surgery, which were found within the report. Key drivers included;
- Facilitation of the transformation of service provision to meet the needs of national and local strategies, particularly an expansion in the range of services.
 - The support of workforce and training challenges.
 - To address the inadequacy of the current condition of the building.
- 7.4 Further benefits were set out in Section 6.5 of the Report. AH identified that there had been an extensive options appraisal, with the preferred option being identified as explained in the Business Case and in the Summary of the Report, which had been supported by the Primary Care Operational Group (PCOG).
- 7.5 This development would be led by Gloucestershire County Council on a site owned by the Council and a new surgery development would also incorporate some housing. The site was approximately 0.4 miles away from the existing surgery and there might be an opportunity to expand what is currently, a very tight boundary for Hucclecote surgery.
- 7.6 The total capital costs of the new surgery were £4.93m. This would be funded by the County Council who would receive rental from the Practice, who would sign a 30-year lease. The lease costs would be reimbursed by the ICB along with rates. The ICB currently reimbursed Hucclecote Surgery £77,129 per annum for rent and rates to provide GMS services from the existing building. Total rent for 822m² net internal area (inclusive of a supplementary payment, car parking and VAT) and rates for new the Surgery would be £308,314. GPIT and HSCN capital costs confirmed by the IT team would amount to £75,151.
- 7.7 The ICB would provide £398,331 fee support to cover appropriate legal costs, monitoring surveyor fees and Standard Duty Land Tax (SDLT) due after completion and capped financial assistance with exit costs associated with the existing surgery. Provided approval for the scheme was given, it was anticipated that construction would commence during the summer of 2024 with the new facilities opening in late summer/early autumn of 2025.
- 7.8 Dr James Lambert on behalf of the partners of Hucclecote Surgery, spoke about the current surgery at Hucclecote being unfit for purpose due to the small size and being so outdated. A new surgery would negate the struggle to accommodate new staff and additional roles, whilst enabling the Practice to take on more students in their teaching capacity, and to allow expansion to be able to deliver much higher quality services for the community.
- 7.9 JCu said that there was no reason, as long as CL was content with the additional funding, as to why this scheme should not be supported so long as it was fit for the future and having a potential link for more integration of teams across health and social care. She

was keen to support this scheme.

- 7.10 TS said that two areas of expansion had been designed into the plans for around the next 15 years. HG extended thanks to the GP partners who had invested a great deal of their time into this project which had finally come to fruition.
- 7.11 CL said that it was imperative that the articulated benefits needed to be drawn out, clearly delivered and that the investment in Primary Care could be evidenced, given that the ICB were currently in a constrained financial position. Recruitment remained a huge risk, particularly around the training and the skill mix.
- 7.12 CG said that the District Valuer's Report, which he had seen, was supportive of this scheme and contained confidential information which was why it had not been made available at this part of the meeting. CG said that the ancillaries were growing and he had no problem with the GPIT; the area he wanted to question was around the £398,000 and asked whether there was any way this could be reduced, especially around the exit costs. AH said that there was some commercial sensitivity here but was allowed to say that the exit costs needed to be picked up by the developer in order for the scheme to proceed.
- 7.13 CG would like to have a meeting with interested parties to look at prospective future plans to examine affordability and the priorities that lie therein which would have to be taken into account along with all the other priorities that the ICB were supporting. CL said there was also a slightly broader issue to raise with NHSE in terms of capital developments and any messages that would need to be flagged. AH said that with the market being as it was, construction costs could not be borne by GPs.
- 7.14 CG said he would abstain from voting, (as per Declarations of Interest) and said it was a very balanced report and the need was definitely there. CG asked for Committee members to vote and the scheme was unanimously supported and approved by all members present.

Meeting Outcome: The Committee agreed the following recommendations :

- ***To a recurrent annual investment of £308,314 to fund the delivery of a Gloucestershire County Council capital funded new Hucclecote Surgery to cover rent (including actual rent, a supplementary payment, car parking and VAT) and rate costs. Based on existing levels of reimbursement this would be a net annual recurrent increase of £231,185;***
- ***To provide a one off financial fee support amounting to a maximum of £394,961 available from 2024/2025;***
- ***To support the allocation of £75,151 including VAT from the GPIT capital budget to fund GPIT and HSCN requirements.***

JCu left the meeting at this point.

8. Primary Care Workforce Update

- 8.1 KU gave a general update on the current situation at the start of the presentation saying that appointment levels remained consistently higher than pre-pandemic levels. There were also new roles within Primary Care (with further additions to Additional Role Reimbursement Scheme i.e. ARRs) and placement expansions to support the future workforce.

8.2 LH spoke about the challenges being faced by GPs:

- Overall GP numbers had decreased 2% since the March 2019 baseline.
- GP partner numbers decreased by 19.6% since baseline, whilst salaried GPs have increased by 37.7% (SW has the 2nd highest WTE of GPs per 10k patients) – Partner numbers are reflective of national trends.

LH described the many challenges being faced by GP partners and how joint work with the Local Medical Committee (LMC) would address these issues, including:

- A workforce survey to identify vacancies, leavers and retirements.
- GP Continued Professional Development (CPD)/mini fellowship funding.
- GP support lead and GP retainer peer support group.
- Dedicated GP career/support resources.
- Fellowship opportunities - Health Education England (HEE), Integrated Care System (ICS)/Training Hub - Health inequalities and specialism fellowships.
- An annual locum event.
- GP flexible pool.

8.3 Similarly, nurses are facing challenges, some of which were :

- An ageing nursing workforce and retirements with 9 out of 15 PCNs reporting planned leavers/retirements in the next two years).
- There is a myth that student nurses couldn't enter Primary Care upon qualifying as a nurse.
- There had only been a 3.6% increase in the nursing workforce in Gloucestershire since 2019, compared to a regional increase of 9.7%.

8.4 Work continues to support the county's nurses – some of the ongoing schemes are:

- Nurse on Tour programme and wider expansion of student nurse placements.
- Planned Careers Fair and mock interviews in order to gain experience.
- Spark Nurse and Preceptorship Nurse Scheme.
- Nurses added to Additional Roles Reimbursement Scheme (ARRS) as Advanced Practitioners (APs) - Advanced Practice lead starting soon and planned Advanced Practice engagement event.
- Exploring joint General Practice Nursing (GPN)/community nursing roles (planned Rosebank pilot for catheter clinics).
- Trainee Nursing Associate (TNA) role increasing (TNA Practice Education Facilitators in post).

8.5 Reception, administrative and practice manager staff continue to face difficulties around pay, and 7 out of 15 Primary Care Networks (PCNs) reported planned Practice Manager retirements. Abuse of staff affects retention and training sessions for staff, including health and wellbeing are being offered. Other areas being examined include:

- Promotion of apprenticeship options (and other roles such as GP assistants).
- Development of flexible pool to support staff recruitment and retention.
- Development of communities of practice.
- Collaboration with LMC to support Practice Manager training, with a recognition more needs to be done.
- Recruitment open days.
- Employment and Skills Hub collaboration.

- 8.6 AS referred to the statistic around lack of GP partners and he explained that salaried GPs were constrained by their contracts, so would do a morning surgery but not see extra patients. If GP partners over a period of time continued to see large numbers of extra patients, then this would have a huge effect upon them and thus sustainability would become an issue, both locally and nationally.
- 8.7 OA said housing the future ARR's workforce in primary care premises will present challenges. OA said that there were 355 new ARR's roles across the PCNs but no increase in premises capacity for them, which affected recruitment. After March 2024, there would be issues around staff pay increases unless a solution was found before then. OA also said that what was being heard at ICB level was very different from LH and KU's workforce report. There was for example, an increase in GP numbers reported from the ICB but OA thought that this had included GP trainees. It would take two locum GPs to equate to an output of a partner GP, which again, had only been captured in the report from LH and KU.
- 8.8 HG said there was still an appetite for a partner model as opposed to that of an entirely salaried one. Value for money, productivity, owning it; all these things worked well for partnerships so the ICB should be doing its utmost to support GP practices and partnerships to continue and to address the concerns being raised around the ARR's and funding. HG said that her team were working at full capacity on all the projects and looking to improve the situation at every opportunity.
- 8.9 LH said that the Training Hub were working closely with the ICB, who receive resignation notifications from GP Partners. An email will automatically be sent to the leaving GP, (which LH and KU are copied into) which then gives them an opportunity for a confidential one to one conversation with an independent GP and if this is declined, there is a survey that can be anonymously completed. This will give an understanding of the reasons for leaving the partnership and what would have helped them to perhaps have stayed.
- 8.10 Now that the Partnership Scheme had ended, the system needed to see what could be done locally about the offer to GPs. There was a possibility of stakeholders being brought together just for one or two meetings, to draw on some themes and suggestions, so that the ICB could be approached for funding, enabling an agreed offer to support GP partners within Gloucestershire.
- 8.11 CG recognised all the work that Primary Care had done and reflected that a change in future Government may have implications for how dentistry could be commissioned. The statistics being reported through to the ICB were the ones that were nationally required with national definitions attached to them.
- 8.12 CG said that in the short term it could be pointed out that local reporting did not reflect national reporting and thus enable Board members to understand this. CL said that there needed to be clarity as to why the ICB were reporting in the way that they did, and why there were differences, with short, medium and longer term plans for the future. **Action: HG will send a formal email to ensure that what is being presented at ICB level is accurate around workforce.** HG

Meeting Outcome: The Committee noted the information presented in the Primary Care workforce update.

9. Highlight Report

- 9.1 JG spoke about the PCN Capacity and Access Improvement Plans which were due for submission to NHSE by 30th June 2023. Seven Plans had been submitted by close of

play on 31st May for initial review by the ICB. Further Guidance was still awaited around the Community Pharmacist Consultation Service which would be launched by the end of 2023.

- 9.2 DM gave a brief update on Pharmacy, Optometry and Dentistry (POD). A lot of work was being done on this by Primary Care and by other teams and any issues being experienced are also being felt across the whole of the SW, where collaborative work was being undertaken to address and solve those issues. Work is still in transition with contractors still engaging with NHSE and continuing to embed processes within the ICB. Further information would be available at the next PC&DC.
- 9.3 HG said DM continues to work with colleagues on this in various meetings. Expectations had been made clear to NHSE and a meeting yesterday confirmed that the ICB would be receiving what it required. Finances were still in the process of being clarified as well as the Risk Register and quality input. The focus was on dental strategy, in particular access, and the Pharmacy Strategy Group was set to meet on 5th June 2023. CG was concerned about Pharmacy with service delivery being at odds with pharmacists leaving and looked forward to seeing further work in this area.
- 9.4 AS queried the GP appointment data (which JG confirmed was national data). He thought Gloucestershire offered a higher number of GP appointments pro rata compared to other ICBs, and had also recovered much quicker following the pandemic. It would have been helpful if this information were to have been communicated by NHSE.
- 9.5 BP spoke about management of complaints around POD and informed the Committee that the team, who were previously worried about this, were close to having something signed off in terms of how this would operate from 1st July 2023. The new arrangements would be much improved around any complaints. CG, asked whether the PALS team were recruiting, and was informed that this was not currently the case as a process around administration and commissioning was underway. A further update would be forthcoming.

Meeting Outcome: The Committee noted the Primary Care Highlight Report.

10. Performance Report

- 10.1 **Investment and Impact Funding** - Nationally IIF has been updated for 2023/2024 and had been reduced to 5 indicators. An updated PCN dashboard was in development and would be shared with PCNs monthly to help them monitor their progress against each of the indicators. Individual PCN progress against the 2022/2023 IIF Indicators would be included in a future Performance report when data becomes available.
- 10.2 **Severe Mental Illness Physical Health Checks** - The national aim for SMI physical health checks for 2023/2024 remains at 60%, and the local PCN DES & IIF dashboard captures performance updates at practice and PCN level monthly.
- 10.3 **General Practice Appointment Data** – The national data available at the time of this report related to March 2023. Data from NHS Digital showed the number of appointments in Gloucestershire increased to 395,686.
- 10.4 HG said that Gloucestershire are offering approximately 10% more appointments than the national average, but the charts in the report did not reflect this to the public. HG said it was important: to maintain good access for patients, and practices not to send patients routinely to NHS 111. It was important that good access was maintained and a revolving door into other services was not created, which would be unhelpful.

- 10.5 HG suggested a further conversation with herself, CL and MAE as to how the Performance report data could be addressed to demonstrate the reality and to overcome the discrepancies. CG said this would need to be in the private domain and if done at PCN level, this would be slightly removed from individual practices.
- 10.6 BP informed the Committee that the national results of the GP Patient Survey would be available in July 2023 and this would be reported on at the next PC&DC meeting. It was likely that the results for Patient Satisfaction would dip not only in Gloucestershire but nationally. Some detailed analysis would be carried out to see what was behind this and work also will be carried out with Patient Participation Groups. **Action: GP Patient Survey results to be brought to the meeting in August 2023.** BP
- 10.7 DM spoke about the data for Pharmacy, Optometry and Dentistry (POD) for which a monthly pack was produced by NHSE which was Gloucestershire specific. A workstream for this was being actioned and more information would be available at the next Committee meeting. **Action: DM to bring more specific data on POD to the next Committee meeting.** DM

Meeting Outcome: The Committee noted the Primary Care Performance Reports.

11. Primary Care Quality Report

- 11.1 MAE introduced the Primary Care Quality Report which had been circulated prior to the meeting.
- 11.2 MAE reported on the Joint Targeted Area Inspection (JTI) on Safeguarding. The inspection would be undertaken by Ofsted, CQC, GPs, the Inspectorate of Constabularies, Children's Services and the GICB. Work continued with the CQC around the provision of data and information.
- 11.3 MAE explained that the intention was to limit the involvement of the GPs and information from five cases would be examined. Primary Care had been alerted that an inspection was forthcoming and the specialist nurse in the Safeguarding team would contact those practices concerned with the cases. Help and support would be offered throughout the process to all staff involved.
- 11.4 MAE confirmed that it was unlike a CQC inspection as there would be neither a rating nor a report. A recommendation letter instead, would be sent to those concerned. This would be a public document with accountability around the content of the letter. This inspection did involve a great deal of work from many staff and the inspection team would be in the area for three weeks.
- 11.5 Julie Zatman-Symonds (JZS) was pleased to report that boarding at Gloucestershire Health and Care (GHC) had now completely ceased and there is ongoing work around the Newton mobilisation and flow which it anticipated would yield significant results.
- 11.6 JZS informed that she had been meeting regularly with the CQC and PPG colleagues regarding the recent action plan from the re-inspection. The CQC were still concerned about staffing at weekends, as well as Out of Hours in the week and how workforce reports were coming through. JZS intended to conduct a weekend visit to the team.

- 11.7 JZS said the NHS 111 call abandonment rate had increased significantly but that no harm had been reported. She was unsure as to how this assumption had been concluded and the process around this, so would work alongside colleagues to look at issues that do present, as a result of abandoned calls and how that triage was being set up.
- 11.8 JZS informed the Committee that there had been a recent SW Practice Nurse Conference and Award ceremony in Exeter and two GICB nurses had been nominated for an award, one of whom was Sarah Rogers, whose input had been very impressive.
- 11.9 JZS thought it important to mention that new nurse partners in county, from 1st August 2023, would hopefully enhance career progression and aid retention going forward.
- 11.10 JZS noted that it was hoped to give better access to dental services to residents in care homes and a senior nurse was currently working with DM to examine this area.
- 11.11 JZS informed that a fifth hotel for asylum seekers had opened in Cheltenham. All health checks had now been completed for the 68 people, who were predominantly single males. Most were previously registered with a GP practice in Devon and re-screening took place to identify any areas where the ICB might need to work alongside Public Health. There were some presentations of mental health issues which might need further support.
- 11.12 JZS said that GHFT were reporting a rise in C-Difficile numbers but this was not due to an outbreak. This may affect community discharges and Primary Care colleagues had been made aware.
- 11.13 BP spoke about recruitment for the People's Panel. This had involved recruiting members of the public across the county in order to ask for their experiences and to help test things out. Currently numbers are at around 684. The demographic and age spread was also very good with care givers amongst the numbers which would give perspectives from both patients and those who care for them. It was hoped to get a message out to these people regarding the NHS's 75th birthday on 5th July and then surveying would commence. The Health and Care Partnership will find this group very useful.
- 11.14 CG informed Mr Mummery that two new nurse partners would be practising from Drybrook Surgery and thought he would be interested. Mr Mummery thanked CG for this information.
- 11.15 CG expressed concern around one of the asylum seekers having been on a hunger strike but was informed by JZS that the person concerned had received treatment, was back to full health and had been moved, as requested, away from Gloucestershire.

Meeting Outcome: The committee noted the Primary Care Quality Report.

12. Financial Report

- 12.1 CL gave a verbal update of the financial position as at the end of March 2023. The ICB's delegated primary care co-commissioning budgets showed an end of year position of £148k overspent, this was made up of several overspends (Global Sum budgets, prescribing and Other GP services) which have been offset by a number of underspends. The recurrent implications within the financial position had been built into the 2023/24 budgets.
- 12.2 Some of the underspends were likely to be non-recurrent so there was an overarching pressure to move forward from the 2022/23 financial position.

- 12.3 There was a £431k overspend on the global sum. This expenditure was driven by changes in the population which then increased contractual payments, as contracts were based on a weighted capitation formula. Work was ongoing to refresh 2023/24 budgets in line with published guidance on population demographics.

Meeting Outcome: The Committee noted the verbal financial update.

13. ICS Transformation Programme & ILPs Highlight Report

- 13.1 HE highlighted some key areas from the report. There had been successful delivery of the Community Investment Fund schemes across six localities; this was the non-recurrent £300k allocated by the SW region in the autumn – this funding had been fully allocated and spent. The GICB had been highlighted across the SW as a system that had suitable structures and mechanisms in place to flow funding such as this, quickly and appropriately.
- 13.2 HE informed that a report had been written which summarised the use of the funding along with the challenges and learning from this. Please find the link to the video attached below. It had been very pleasing to hear from local people and organisations about the positive impact that the funding had delivered across the county.
- <https://youtu.be/9K8FwU-wtV8>
- 13.3 HE said that sharing work at PCN and locality level and more broadly across the county and other systems, involved a visit from Matt Nelligan, Director of System Transformation at NHSE. Presentations showcasing ILPs and ILP priorities were also planned for the Countywide Patient Participation Group, South West Region Place Leads, and Active Gloucestershire in the coming weeks.
- 13.4 HE informed that collaboration with colleagues from Milton Keynes had taken place that week which presented an opportunity to learn from another system. OA was planning the PCN Away Day where there would be an opportunity to share some of the work at PCN level and explain the use of the Quality Improvement funding.
- 13.5 HE highlighted the Community Health & Wellbeing Hubs for which plans continue. There would be two in Gloucester, one in Cheltenham and one in the Forest of Dean. It was a requirement to have the capability to undertake vaccination. If funding allowed, additional hub sites would be considered.
- 13.6 HE spoke about the work being done in Stroud which coincided with Carers Week on 5th June 2023. All the practices across Stroud and Berkeley Vale would send text messages to their patients asking them if they were carers (the wording would be very sensitive) and should people respond positively, there will be a way to automatically code the patient record in SystmOne with all 17 practices using one consistent code to log the respondents. Those identifying as carers would be offered additional support and information and there will be local media coverage in the Stroud area.
- 13.7 CAM said that the presentation that had been taken to the Partnership this week had been enthusiastically received, certainly from the voluntary sector, who were excited about the broad range of things demonstrated. The Discovery Group discussed ideas and innovations which CAM had been part of afterwards. Not only had the presentations been of high quality, but the resonance in the room was significant and CAM extended thanks to HE and her team for organising such a superb event.

- 13.8 CG congratulated HE and colleagues on their work, saying that the film showing the benefits of the money received by individuals and organisations had been very heart-warming and said he looked forward to more to come in the future.
- 13.9 CL noted that the quantitative benefits needed to be clearly demonstrated in order for the GICB to make a case for future investments. Some would be longer term investments and some, although having been trialed, would not be so successful. Prioritisation work was under way and CL just wanted to point this out so PC&DC were sighted on this.
- 13.10 CL spoke about qualitative outcomes and how data needed to be better aligned for projects along with the process. Clarity about the metrics would also be important. CL said that the Finance team were speaking to the BI team around qualitative metrics and it would be ideal to bring all the information together in this way.
- 13.11 HG said it was about the quality of life that individuals had and that it was, for example, difficult to measure the outcome of people not being lonely and not being restricted in terms of opportunities. HG said a review of the Tewkesbury model would be useful to see what it would look like for Cheltenham where there was a higher number of people with frailty. It would also be a bigger area to evaluate.
- 13.12 CG said that the methodology was more interesting and that clinicians in secondary care would be able to capture their data more easily. CG said that all that was needed was a consistent methodology which demonstrated differences having been made, which if achievable, would result in a very worthwhile investment.
- 13.13 HE extended reassurance to the Committee in saying that a number of Primary Care colleagues were meeting with Project Management Office (PMO) colleagues next week, particularly around the evaluation of strengthening the local communities grant and something similar would also be done with the Quality Improvement funding.

Meeting Outcome: The Committee noted the ICS Transformation Programme & ILPs Highlight Report.

14. AOB

- 14.1 AJ wanted to commend the ongoing work to maintain the Primary Care performance activity. AJ explained that other parts of the country were really struggling with appointments, and she commended the team for being able to hold the line in troubling times. AJ also said that regarding complaints moving from NHSE to the ICB, the careful communication of this to patients needed to be borne in mind. AJ was excited to be part of this and to hear all the valuable comments today.
- 14.2 CG invited Mr. Mummery, member of the public to add any comments. Mr. Mummery extended thanks to the Committee for allowing him to attend, saying that he had enjoyed the meeting, and had been impressed by the presentations and use of data, finding this both pleasing and interesting. Mr Mummery said that he thought the quality of the meeting had been first class.
- 14.3 CG said that as part of the Standing Orders, the Committee may resolve to exclude the public from a meeting, or part of a meeting, where it might be prejudicial to the public interest by reason of the confidential nature of the business to be transacted, or for other special reasons stated in the Resolution, and arising from the nature of that business of the proceedings, or for any other reason permitted by the Public Bodies Admission to Meetings Act 1960 as amended or exceeded from time to time.



- 14.4 CG said the Committee would be looking very closely at what could be put into Part 1 of the PC&DC meeting and by the very nature, Part 2 was designed because of the confidential nature of the providers being dealt with. CG hoped that provided assurance going forward.
- 14.5 Mr. Mummery said he thought that an Agenda to Part 2 of the meeting should be made available so that the public were able to see the title of what was discussed and it was very clear to him in the Constitution, the Terms of Reference, Standards of Business Conduct, and the Nolan Principles embedded in the Constitution, that a resolution was needed to explain this, and that the Resolution needed to satisfy certain criteria.
- 14.6 CG said that he would look at the possibility of allowing the Agenda of Part 2 of the PC&DC meeting to be allowed to go into the public domain. CG said that he would be taking further advice on this aspect.

The meeting closed at 15.30.

Minutes Approved by:	
Signed (Chair): _____	Date: _____



Agenda Item 5

NHS Gloucestershire Primary Care and Direct Commissioning Committee, Part 1

Actions & Matters Arising August 2023

Meeting Date	Reference	Action	Action owner	Update	Due	Status
17/04/2023	Min 9.2 - Risk Report	CG commented that a risk found within the confidential risk register in reaction to sustainability for general practice and contended that this risk should appear within the public risk register. It was requested that HG reviewed this risk for the public session of PC&DC.	Helen Goodey	<p>June: HG said this risk would be assessed and brought back to the August meeting of the PC&DC with a briefing paper around the process that is followed to determine such level of risk. Action: Item to remain open.</p> <p>August:</p>	August 2023	Open
17/04/2023	Min 14.1 - TWNS PCN Evaluation	CG explained to the Committee that this item had been pulled from the agenda to support the PCN and would be presented at a future meeting. HG agreed to arrange this for the committee	Helen Goodey	<p>June: CG explained to the Committee that this item had been pulled from the agenda to support the PCN and would be presented at a future meeting. HG agreed to arrange this for the Committee. HG said this would be brought back to the next (August) meeting or subsequent one (October). She would confirm this at a later stage. Action: Item to remain open.</p> <p>August:</p>	TBC	Open
01/06/2023	Min 8.12 - Differences in local and national reporting	HG will send a formal email to Board members to ensure that the reporting presented at ICB level is accurate around workforce.	Helen Goodey	August:		Open
01/06/2023	Min 11.7 - Patient Survey Results	GP Patient Survey results to be brought to the meeting in August 2023.	Becky Parish	August: Completed and will be included within the papers.	August 2023	Requesting Closure
01/06/2023	Min 11.8 - Data for Pharmacy, Optometry and Dentistry (POD)	DM to bring more specific data on POD to the next Committee meeting.	Declan McLaughlin	August:	August 2023	Open

Primary Care & Direct Commissioning Action Log

Page 1 of 2





Agenda Item 7

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Part 1
 Thursday 3rd August 2023

Report Title	Application from Yorkley and Bream Surgery to change Practice Area			
Purpose	For Information	For Discussion	For Decision	
			X	
Route to this meeting				
	ICB Internal	Date	System Partner	Date
	PCOG	9.5.23	N/A	N/A
	PCOG	11.7.23		
Purpose	To consider a request from Yorkley & Bream Surgery to change practice area. Appendix 1: Practice Application to Change Boundary Appendix 2: Patient Survey Results			
Summary of key issues				
Key Risks:	The principal risk is the safe provision of patient care and practices are not destabilised.			
Management of Conflicts of Interest	No conflicts of interest.			
Resource Impact	Financial		Information Management & Technology	
	Human Resource		Buildings	
Financial Impact	N/A			
Regulatory and Legal Issues (including NHS Constitution)	Application progressed in line with NHSE Primary Medical Care Policy and Guidance Manual.			
Impact on Health Inequalities	No as other practices available for registration			
Impact on Equality and Diversity	No as other practices available for registration.			
Impact on Sustainable Development	N/A			
Patient and Public Involvement	No			

Recommendation	PC&DC is requested to; <ul style="list-style-type: none"> • Review the application and supporting information • Note the recommendation from PCOG to approve Yorkley and Bream's request to change their practice boundary • Make a discission as to whether the application should be approved or declined. 		
Author	Jeanette Giles	Role Title	Head of Primary Care Contracting
Sponsoring Director	Jo White, Deputy Director of Primary Care and Place		

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
ICB	Integrated Care Board
PCN	Primary Care Network
PPG	Patient Participation Group
GMS	General Medical Service
GP	General Practitioner
LMC	Local Medical Committee
ANP	Advanced Nurse Practitioner

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Part 1

Thursday 3rd August 2023

Application from Yorkley and Bream Surgery to change Practice Area

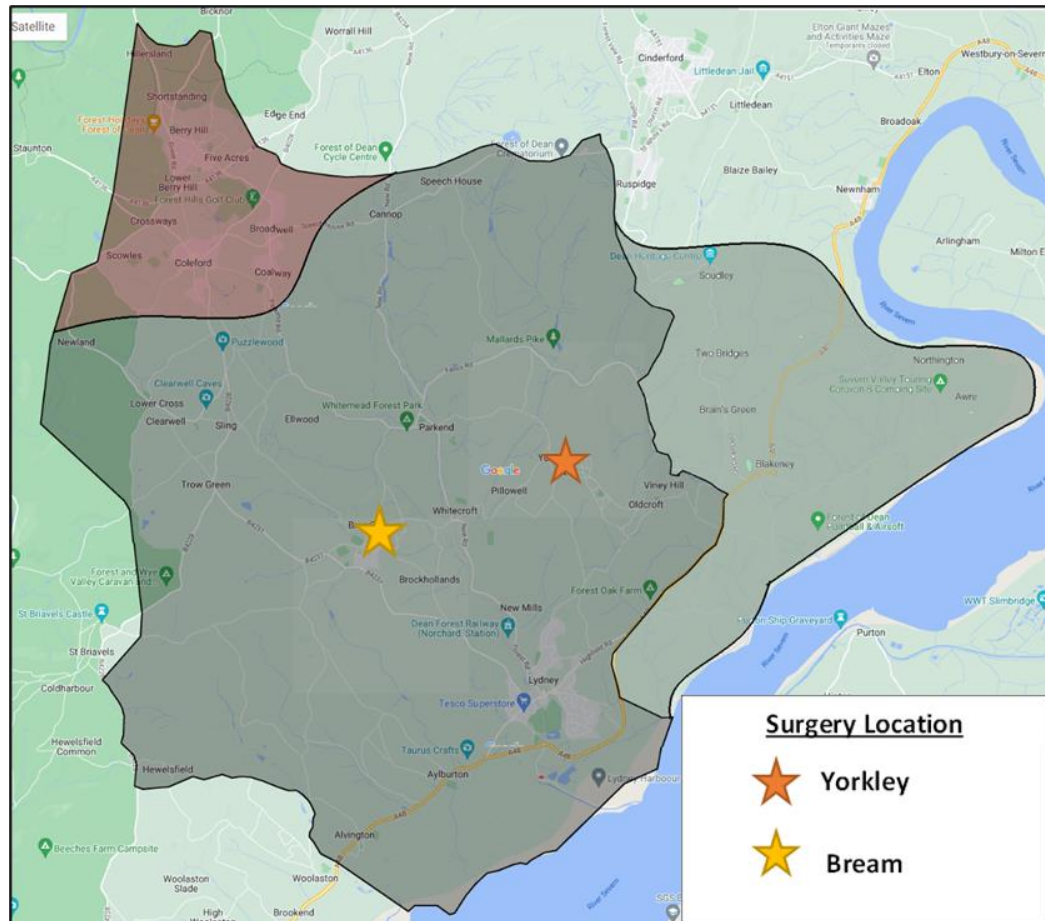
1. Introduction

- 1.1 The ICB has received an application from Yorkley and Bream Surgery, Yorkley Health Centre, Bailey Hill, Yorkley, Gloucestershire, GL15 4RS, to change their practice area, extending the boundary towards the South and East and a reduction in area located to the North and West. (Appendix 1).
- 1.2 The process for managing a formal change in practice area request is outlined within the ICB's Standard Operating Procedure (SOP) for Application to change a practice area. This paper outlines the background to the request by the practice and presents information relating to the process that has been undertaken.

2. Background

- 2.1 Yorkley and Bream Surgery (L84021) is within the Forest of Dean Primary Care Network and currently has a list size of 8,524 patients. The practice is based on two sites, Yorkley and a branch surgery in Bream.
- 2.2 The practice has 5 GP Partners and 3 salaried GPs. They are a well-established training practice with a reputation for retaining GP trainees. The newest addition to the Partnership and the current 3 salaried GPs were all previous Yorkley GP trainees.
- 2.3 In March 2023 the ICB received an application to change the practice area, extending the current boundary to Soudley in the North and to the line of the River Severn in the East, following the line of the river to the South to join the current practice boundary near Lydney Harbour.
- 2.4 The practice are also asking to reduce the boundary covering an area in the North/West which includes Hillesland, Short Standing, Berry Hill, Five Acres, Broadwell, Coleford, Coalway and Scowles.

- 2.5 The proposed change in area will locate both the Yorkley and Bream sites more centrally within the practice area.
- 2.6 The map below shows the existing practice area (shown in dark grey), the proposed expansion (shown in light grey) and the proposed area to be removed (shown in red).



- 2.7 The area marked in red on the map above contains approximately 900 patients who are currently registered with the practice. The practice have stated they intend to retain all of the patients currently on their list. They have also confirmed they have no intention to remove these patients in the short or long term as they wish to maintain continuity for the patient.
- 2.8 Whilst the Practice have confirmed they would allow the registration of new babies to patients who currently reside in the practice area to be removed, they would not wish to register students returning from University.

2.9 Patients new to the area marked in red on the map above will no longer be able to register with Yorkley & Bream Practice but will have a choice of five other GP Practices to register at, some of which may be geographically closer than Yorkley and Bream sites.

3. Location

3.1 The practice is located across two sites in the Forest of Dean, the main site at Yorkley and a branch surgery in Bream. Eight practices have boundaries which overlap with Yorkley and Bream’s current practice area.

3.2 The practices with overlapping boundaries are listed below in order of practice distance from Yorkley & Bream Surgery. Some of the practices have minimal overlap.

Practice Name	ODS Code	PCN
Lydney Practice	L84011	FOD
Blakeney Surgery	L84029	FOD
Severnbank Surgery	L84085	FOD
Brunston Practice	L84071	FOD
Coleford Family Doctors	L84069	FOD
Dockham Surgery	L84046	FOD
Forest Health Care	L84028	FOD
Drybrook Surgery	L84024	FOD

3.3 As there will be no active removal of registered patients from the existing list, the practice expects the impact on the neighbouring practices to be minimal.

3.4 The practice has confirmed there are no Nursing or Residential Homes currently under the care of the practice that will be affected by the change in area.

3.5 There are no known local planning developments within the area to be removed which will impact on GP capacity. There is currently only one housing development which is currently coming to an end. Most houses within this development are now occupied and it would be reasonable to assume those new residents have already registered with a Practice.

4. Engagement and Consultation

4.1 On the 15 February 2023 the proposed change in practice area was discussed at the Forest of Dean Primary Care Network meeting where neighbouring practices were represented.

There was no objection raised at the meeting. Following this, the practice received one request from Coleford Family Doctors asking for clarification of the affected area which was provided. There have been no further comments or requests for additional information.

4.2 The practice discussed their plans with the ICB on several occasions and have actively engaged with their patient population and the wider community to seek their views on the proposed change to the practice area, as detailed below:

4.2.1 The practice worked with the Gloucestershire ICB Patient Engagement Team in the development of a patient survey. 600 responses were received from a variety of sources (paper copies, from the practice website, text messages, etc). 98% of those who submitted a response understood the proposal for change and 83.6% supported the proposal. The full consultation report is attached as Appendix 2.

4.2.2 In house, the practice:

- Sent 2,323 text message surveys to those patients who have consented to receive information by text message.
- Displayed a notice on the practice Facebook page (1,000 followers).
- Offered paper questionnaires for completion, with the results (120) uploaded to the ICB Patient Engagement Team Survey detailed above.
- Displayed notices in the waiting rooms at both sites offering weblink and QR code access to the survey for online completion.

4.2.3 Additionally, surveys have also been sent to local groups, such as the Yorkley Community Centre, Bream Library, Bream Rugby Club, Bream Sports and Social Club and the Forest Health Forum. This resulted in the survey and information about the proposed change to practice area being added to their websites, Facebook pages and on notice boards at the venues.

4.3 The practice had been unable to consult with their Patient Participation Group (PPG) as unfortunately this was disbanded during the Covid Pandemic. The practice is keen to re-establish the PPG and the consultation survey included a section for patients to express their interest in becoming part of the Practice PPG. The practice intention is to establish a new group who meet not only face to face but also with an option to be involved virtually so those who cannot attend in person can still be involved. To date, 160 patients have expressed an interest in joining the PPG.

4.4 Despite not being able to consult with a current PPG on the boundary change, the practice feel they have been open and transparent and have made a considered effort to capture the views of a wide range of patients and have offered every opportunity available for inclusion of their views which is demonstrated by the response to the survey.

4.5 ICB engagement for the application to change Practice Area

As per the Standard Operating Procedure (SOP) for the application to change a Practice Area, Gloucestershire ICB have engaged with:

- Neighbouring Gloucestershire practices (8 practices)
- Healthwatch Gloucestershire
- NHS England
- The Local Medical Committee (LMC)
- Gloucestershire Health and Care Overview and Scrutiny Committee (HOSC)
- Gloucestershire Health and Wellbeing Board (HWB)
- NHS Herefordshire and Worcestershire ICB.

The responses received back are:

Blakeney Surgery:

“Whilst I understand their reasons for requesting the change, I am concerned what these changes may mean for us at Blakeney Surgery. We are a smaller practice with approx. 3200 patients, of which approx. 2100 of those are dispensing patients. The majority of these patients live within the area that is being proposed by Yorkley and Bream as their new catchment / boundary. If we were to lose patients due to the proposed changes it could have a detrimental effect on us as a surgery. I would therefore like some reassurance, if possible that should the ICB agree to the proposed change that there will be no promotion of the new area to patients registered at other surgeries, such as ourselves. I am sure you can understand that my priority is to protect the business here at Blakeney and my staff long term.”

Healthwatch Gloucestershire:

“The letter mentions that ‘the practice has confirmed that they will not remove any registered patients from the section they have applied to remove (red area) for a 3-year period if the boundary change is approved’ and ‘the ICB will work with the practice and other patient reps to ensure there is appropriate patient engagement.’

From a Healthwatch point of view I would want to ensure that the following is considered:

1. *What is the potential impact on patients, both existing and new, especially those are at risk or are vulnerable?*

2. *Are the proposed changes based around, or an opportunity for, service improvement? Or because of a demand for services in the proposed area?*
3. *How will it be ensured that people are consulted/ informed/ clear about transition arrangements to ensure continuity of healthcare provision and how will people be supported to make to choices about which GP to go to?*
4. *How are they going to work with neighbouring areas to ensure there is capacity for patients to continue to have access to a local practice, particularly for those who are in rural areas, at risk or are vulnerable?"*

Severnbank Surgery:

"My concern is that from the map this boundary change would mean that the proportion of patients that Yorkley could dispense to would increase significantly and therefore it may be driven more by financial motives. It would probably put Blakeney surgery at risk and also have an impact on our dispensing income, thus potentially reducing the services we could provide."

LMC:

"..there were a few queries which would enable the LMC to provide their view.

- *There didn't appear to be much detail about why the practice wished to make this change, nor the number of patients in the area they are planning to remove from their boundary. Do you have some additional detail regarding this?*
- *The area they are extending into will affect Blakeney practice, and possibly others. Is there a risk that this could impact on their patient registration numbers and future viability of this practice? We have already seen practices in the FoD taken over by GDOC and would want to avoid any further instability.*
- *There is also the ongoing situation with Drybrook practice, could this change affect which practices may be able to take their patients should the practice close?"*

NHS Herefordshire and Worcestershire ICB:

"The closest practices to this area of the Gloucestershire Boundary are 2 practices in Ross-on-Wye, however neither of the boundaries for these practices cross over into the Gloucestershire boundary, and therefore would not be affected."

4.6 In response to the above comments received the following feedback was received from Yorkley and Bream.

- They have no intention to actively or aggressively promote the boundary change - beyond what has been required for the consultation period. They have removed posts regarding their potential boundary change from their website /Facebook page/surgeries (but they do remain available for any who should enquire).

- It is difficult to quantify the number of patients who may join the surgery, as the area being expanded into is both low density and covered by other surgeries. However, they have carefully analysed their current staffing levels and have capacity (amongst both Doctors and Nurses) to accommodate any small increases (e.g. <750 patients) in population practice. Although they do not anticipate growth significantly higher than this, they have long term locum Doctors who they are keen to add to their permanent staff to help future proof the practice. They also anticipated they will be able to retain future trainees. They believe this flexibility in staffing mitigates any potential negative impacts as a consequence of an increasing list size on vulnerable patients both new and old.
- In addition to being keen to future proof the practice by bringing in additional staff (should list size increase), there is also a desire to diversify and increase our service offerings. For example, amongst the Doctor staff there is a desire to engage further in undergraduate teaching (we already provide teaching to both 4th and 5th year Bristol medical students), consider minor ops lists (four of the current GPs underwent dermatology teaching) etc.
- Yorkley and Bream also said they recognised the increased demand for services in the proposed increase of practice area due to an increase in population as a consequence of numerous new build housing. They noted the 'Forest of Dean Local Plan', which is currently being updated and going through a consultation stage, suggests considerable housing investment in the future in the local area covered by the new boundary.

5. Dispensing Arrangements

Yorkley and Bream are a dispensing practice and their dispensing areas are defined in a separate map. Any changes to the practice boundary do not have any effect on their dispensing rights. The practice would have to apply for new dispensing rights for any areas within the revised boundary in line with Pharmaceutical Regulations.

6. Financial Implications/Risks

6.1 As there will be no active de-registration of patients the practice expects the effect on neighbouring practices to be minimal.

6.2 The Partners at Yorkley and Bream Surgery have considered the financial implications of the proposed change in area. Whilst it is difficult to quantify the impact on the practice, it is envisaged there will be no significant reduction in income should some patients to the

North/west decide to register more locally, nor can any gain be estimated from the extended boundary at this stage.

- 6.3 The practice has considered and planned for the impact of additional patients registering which could result in a requirement for additional staffing.
- 6.4 The practice has reviewed the deprivation indices of the proposed change in practice area to ensure equity is maintained. The areas of reduction to the North/West (where it is proposed new patients will not be registered from) and the area to the East (where the practice would like to extend to) are of an equal deprivation index. The proposed boundary change will have no impact on the highest area of deprivation existing within the current boundary.
- 6.5 As there are no plans to de-register any patients from the practice list, an Equality Impact Analysis has not been undertaken.
- 6.6 The practice has engaged fully with ICB colleagues during the planning and consultation stages of their application and have indicated they will continue to do so.
7. A Quality and Impact Assessment has been undertaken by the Quality Team, who noted:
- there were no patients in nursing and residential homes that would be in the area which will fall outside of the amended practice area.
 - It was unlikely that the change would have a negative impact on patient safety, safeguarding or infection.
 - No issues have been raised regarding access to medicines/pharmacy provision.
 - There was a negligible risk that additional patients registering with the practice could result in increased clinical and workforce pressures but the potential requirement for additional staff had been considered and would be planned for by the practice.
 - The proposal is unlikely to have a negative impact on compliance with the NHS Constitution, partnerships, safeguarding children or adults and the duty to promote equality quality for those currently registered and those registering with the practice in the future. The two areas within the proposal are of an equal deprivation index.

8. Discussion at PCOG

Yorkley and Bream's application was reviewed at PCOG on the 9th May 2023. There were some reservations in approving notably in relation to

- the potential to deregister some children at 3 years of age (this related to wording in an email from the practice)
- size of premises and
- impact on smaller practices in the areas.

Therefore the decision was taken to ask for further clarification prior to making a recommendation to PC&DC.

At the PCOG meeting on 11th July, PCOG noted that the practice had confirmed the following:

- Babies born to patients who currently resided in the practice area to be removed, would be registered with the practice and the Practice could not foresee a situation where a 3 year old patient would be asked to register elsewhere.
- The practice confirmed they expected that any additional patients could be accommodated due to the low population density in the expansion zone and there was enough existing clinical room capacity within its premises (at its main and branch surgery) to accommodate an increase in population size.
- The practice reiterated it had no intention to aggressively advertise the change in boundary. They considered themselves to be a collaborative, forward thinking member of the Forest of Dean PCN and wished to see it prosper, not fail. Whilst they accepted the concerns from the ICB relating to Blakeney and Severnbank, it was not the intention of the practice to destabilise the local area by changing the boundary and agreed that it would not be in anyone's interest to do so.

PCOG also noted that the list of areas that Yorkley and Bream was granted rights to dispense to had been confirmed with the practice. If a boundary change was agreed then the practice would not automatically be able to dispense to patients in the additional area, unless an application is submitted and approved, or the new area was already covered in the historical list of areas that the practice had been granted rights to dispense to.

Following the clarification received from the practice, PCOG were happy to support the application and recommend that PC&DC Committee approve the application.

9. Conclusion

- 9.1 The proposed change in practice area will place both the Yorkley and Bream sites more centrally within the boundary.
- 9.2 Patients new to the area which the practice wish to remove have a choice of other practices.
- 9.3 Increasing the practice area to the South and East will increase patient choice as to which practice they can register with.
- 9.4 The practice hopes the increase in practice area will provide more security to the existing workforce and help attract new staff for succession planning.
- 9.5 If approved, the practice has confirmed they have no intention to remove patients in the short or long term. They are committed to providing continuity of care and although patients registered in this area will reduce through natural processes over time (e.g. deaths, patients moving out the area or choosing to re-register at other local practices) they have no intention to accelerate this process.

10. Recommendation

- 10.1 PC&DC is requested to
- Review the application and supporting information
 - Note the recommendation from PCOG to approve Yorkley and Bream's request to change their practice boundary
 - Make a discission as to whether the application should be approved or declined.

Appendix 1- Application to change boundary



1-7 Appendix 1 -
Yorkley & Bream Pra

Appendix 2 - Patient Survey Results



1-7 Appendix 2 -
Yorkley & Bream Pati



Application to Amend a Practice Boundary

Practice name and stamp: Yorkley and Bream Surgery



Please complete the following:

Contact Details:	
Name: Dr James Grant	Tel No: 01594 560930
Email: james.grant5@nhs.net	
Details of proposed practice area change: (Please include a map or maps showing your current and proposed practice boundaries)	
<p>Yorkley and Bream Surgery is based on two sites and currently has a list size of 8524, as of 27 March 2023. The Practice is considered to have an excellent partnership model & as a well-established training practice, has a reputation for developing and retaining trainee GPs.</p> <p>The Practice seeks to extend its boundary to the East, locating both Yorkley Health Centre and Bream Surgery (Branch) more centrally. Map attached for information (with Survey).</p> <p>The proposal:</p> <ul style="list-style-type: none"> • New patients would not be registered from the North/West corner of the boundary (including Hillersland, Short Standing, Berry Hill, Five Acres, Broadwell, Coleford, Coalway and Scowles), retain those currently registered and no-one will be de-registered. • Extend the boundary to Soudley in the North, the line of the River Severn to the East and follow the River Severn to the South where it meets the current boundary near Lydney Harbour. 	
Please explain why you wish to amend your practice area, giving reasons why you wish to exclude or include specific areas:	

The areas within the Practice Boundary located to the North/West represent a geographic outlier in comparison to other areas of the practice boundary with respect to Surgery location. This area contains approximately 900 patients currently registered at Yorkley and Bream Surgery. **There are no plans to de-register these patients**. Patients new to this area have the choice of 4 other GP surgeries to register at (see list below), many of which are geographically closer than Yorkley & Bream. We feel this will be beneficial for those patients considering the rural nature of the Forest & the poor public transport provision.

Increasing the boundary as proposed to the South & East will increase patient choice as to where they register with increased access to healthcare. This ensures the ICB responsibility to provide equity of access to primary care services is maintained. It is also hoped that a larger, more evenly distributed boundary will give more security to the existing team and help attract new staff for 'succession planning'. Succession planning is vital to ensure the existing, successful Partnership model can continue to provide the accessible, high-quality service that is at the heart of the Practice's values. (To note, this has been achieved recently – the newest addition to the Partnership team to replace the outgoing Senior Partner was a GP trainee at Yorkley and spent time at Yorkley as a salaried GP. The 3 salaried GP's employed at Yorkley were also previous Yorkley GP Trainees).

We have reviewed the deprivation indices of the proposed change to ensure equity is maintained. The areas of reduction to the North/West (where it is proposed new patients will not be registered from) and the area to the East outside of the current boundary (where the Practice would like to extend to) are of an equal deprivation index. The proposed boundary change will have no impact on the highest area of deprivation existing within the current boundary.

As well as open dialogue over time to discuss the proposal with the ICBs Primary Care Team on several occasions and seeking their views, Yorkley and Bream Surgery has actively engaged with its patient population and wider community to seek views on the proposed boundary change. To date, engagement has been:

- With Gloucestershire ICB Patient Engagement Team:
 - Developing the survey to be sent to patients, uploading completed paper surveys enabling Gloucestershire ICB to produce report attached detailing all responses (from paper copies, website, Florey text messaging etc). There was an outstanding response to the survey request with 600 responses, 98% of those completing understanding the proposal to change and 83.6% supporting the proposal. ICB Collated report attached.
- In house by:
 - Sending text message surveys to all patients whose preference it is to receive information by text message (total 2323 patients)
 - Notice on Practice FaceBook Page (1000 followers)
 - By offering paper questionnaires for completion (as outlined above, then uploaded onto the survey set up and collated by ICB Patient Engagement Team) – total 120 made available for completion (at Yorkley and Bream sites)
 - Notice in waiting rooms (at Yorkley and Bream sites) offering weblink and QR code to access the survey for online completion

- Survey sent independently by the Practice to:
 - Yorkley Community Centre – this was then circulated to all organisations using the Centre such as baby/toddler group, Brownies/Rainbows, boxing, Cardiac Rehab, Yoga, Forest Craft Group, Community Walks, Pilates, Pre/Post Natal Groups, Short Mat Bowls, including Yorkley AFC (Amateur Football Club)
 - Bream Library (as a community Hub)
 - Forest Health Forum (Bream)
 - Bream Rugby Club
 - Bream Sports and Social Club

This has resulted in the survey and information about the proposed boundary change being added to their websites, FaceBook and on notice boards at the venues.

The Practice has also engaged with Gloucester LMC to identify any need for further information, at the Forest of Dean PCN meeting on 15 February 2023 and with one local Practice who came forward seeking additional information. No further comments were received.

As like many Practices, the Patient Participation Group (PPG) disbanded through the Covid pandemic and there is a renewed vigour to establish a PPG. To this end, the survey had a section for completion if patients would like to know more about what being a member entails? The intention is to establish a new PPG which meets face-to-face but also engages solely by email so those who cannot attend a meeting can still be involved if desired. To date, it has been encouraging to note 156 Patients expressed an interest in being involved with the PPG via the survey and 4 patients came forward to staff, totalling 160 patients. Yorkley and Bream Surgery will work with the ICB on next steps to take this forward. All comments made by patients on the survey have been reviewed and some will form discussion for the PPG when re-formed. Whilst it is very pleasing to review the majority of positive comments, the Practice will make every effort to address areas of concern raised by patients in their survey feedback.

This means the Practice has been unable to consult with a current PPG on the proposed boundary change but as outlined above, the response has been overwhelming and reflective of a cross section of patients. The Practice has been open and transparent, making considered effort to capture the views of a wide range of patients and offered every opportunity available for inclusion of their views.

The Partners at Yorkley and Bream Surgery have considered financial implications of the proposed boundary change; it is difficult to quantify the impact on the Practice. It is envisaged there will not be a major reduction in income should some patients to the North/West decide to register more locally, neither can it be estimated any gain from an extended boundary and offering an alternative for healthcare to those residing in the area the Practice wishes to extend into. Naturally, additional patients registering could trigger the requirement for additional staff – this has been considered and planned for.

<p>Should NHS Gloucestershire Integrated Care Board (ICB) approval be given, do you intend to remove from your list any patients outside the new practice area – either now or in the future?</p>	<input type="text" value="Yes/No"/>
<p>If yes: Please give details of approximate numbers and residential areas affected:</p> <p>Over what time period do you intend removing these patients?</p> <p><i>Please complete and submit an Equality Impact Analysis with your application</i></p> <p>If no, please confirm that it is not your intention to remove an patients within a three year period of your application being approved</p>	
<p>Yes/No</p> <p>We confirm it is not our intention to remove patients within a 3-year period.</p>	
<p>Does the practice have patients in any nursing and residential homes that will fall outside the proposed new practice area should approval be granted?</p>	<input type="text" value="Yes/No"/>
<p>If yes, please give details.</p>	
<p>Do you intend removing any or all of these nursing and residential homes?</p>	<input type="text" value="Yes/No"/>
<p>If yes, please give details.</p>	
<p>Which neighbouring practice(s) will be affected by the amendment to your practice area? (include any practices in neighbouring ICBs)</p> <p>Please list them below:</p> <p>We expect impact on other surgeries to be minimal (as we are making no active removals from our practice list). However, the boundary changes impact on a number of local practices due to the overlapping nature of their boundaries. The following Practices may be affected.</p> <ul style="list-style-type: none">• Coleford Family Doctors• Brunston & Lydbrook Practice• Blakeney Surgery• Lydney Doctors• Severnbank Surgery• Forest Healthcare• Dockham Surgery	

<ul style="list-style-type: none"> • Drybrook Surgery • Westbury Surgery 		
<p>You must have spoken with other practices within the practice area about the changes that you propose to make to your boundary. Please detail below, for each practice, their response in managing any potential impact to their practice</p> <p>On 15 February 2023, Dr James Grant discussed this proposal at the Forest of Dean PCN meeting whereby neighbouring Practices were represented. (Please see extract attached from Meeting Minutes). There was no forthcoming objection at this meeting. Since that meeting, there has only been one enquiry from a neighbouring Practice (Coleford Family Doctors) who were interested in the area affected and were sent a copy of the survey which outlines the area and provided narrative explaining the intention (and that no patients would be de-registered). Nothing further has been received at Yorkley and Bream Surgery.</p>		
<p>Are you aware of any local planning developments which will impact on GP capacity in the practice area to be removed?</p> <p>None known in the area in question. There is only one development coming to an end with most houses occupied so it would be natural to assume those new residents have already registered with a Practice. It is to be reiterated that patients are not being de-registered so the impact on neighbouring Practices is minimal and will not destabilize the area.</p>		
<p>Patient Engagement / Consultation:</p>		
<p>You must have consulted your patients about this proposal. Please complete the following sections with details.</p>		
<p>Means by which patient views were obtained:</p>		
<p>1) Displays in your waiting room</p>		
<p>Dates that a notice was displayed, with invitation for patients to comment.</p>	<p>From 27/02/23</p>	<p>To 27/03/23</p>
<p>Number of responses. From All Sources</p>	<p>600</p>	
<p>Number of patients in agreement with proposed change.</p>	<p>588</p>	
<p>Number of patients not in agreement with proposed change.</p>	<p>12</p>	
<p>Number neither agrees nor disagrees.</p>	<p>0</p>	
<p>Other comments? Information also available on website etc.</p> <p>Consultation outlined above; full consultation including website, QR code on posters, Florey text to 2323 patients offering survey link, emailing to local</p>		

organisations to capture additional views, consultation with peers at PCN meeting and answering local questions, link to survey on FaceBook page with 1000 followers – full engagement with ICB Patient Engagement Team who managed the survey results reporting on behalf of the Practice.	
2) Letters to patients: As above Not undertaken.	
Number of patients written to.	N/A
Number of responses.	
Number of patients in agreement with proposed change.	
Number of patients not in agreement with proposed change.	
Number neither agrees nor disagrees.	
Other comments?	
3) Consultation with your Patient Participation Group Please enter details of consultation (dates, outcomes etc.) below:	
As outlined above, not undertaken as not re-established yet. Using this opportunity to re-establish the PPG. Hence additional effort made to offer the Survey to as many patients as possible to seek their views.	

Attached from Yorkley & Bream Surgery

- Results of Patient Survey collated by Gloucestershire ICB Patient Engagement Team
 - Survey including Map of area affected
 - Extract from FoD PCN Meeting held on 15 February 2023
- PPG survey withheld due to containing mainly patient identifiable information

Please return by email to: glicb.primarycare@nhs.net

Or

Primary Care and Place Directorate, NHS Gloucestershire ICB, Sanger House, 5220 Valiant Court, Gloucester Business Park, Brockworth, Gloucester, GL3 4FE.

Proposed change of practice area - Yorkley and Bream Surgery

Having read the information above			
Answer Choices	Yes	No	Response Total
I understand the practice's proposal to change their practice area	98.00% 588	2.00% 12	600
I support the practice's proposal to change their practice area	83.62% 490	16.38% 96	586
		answered	602
		skipped	12

Please tell us what you think about our plans to change our practice area. We really want your feedback, good or bad.			
Answer Choices		Response Percent	Response Total
1	Open-Ended Question	100.00%	395
1	No need to change it		
2	To big an area		
3	Happy with improvement as long as services do not deteriorate in doing so.		
4	As mentioned it shouldn't affect appointment times, so please keep these to a minimum		
5	Any changes should ensure the long term viability of the practice and its ability to serve the local community.		
6	We have always been able to secure appointments promptly, always for the children and when needed for us. Yes non emergency for adults can take some time but always manageable, great service always so happy for expansion and know it must be a requirement to be considered.		
7	To help as many people to be seen by a Doctor as possible		
8	Looks like you will potentially have more to deal with.		
9	Accessing quality care should not come down to postcodes and lines drawn on a map. It's elitist and unfair.		
10	I think this is a great idea		
11	Whatever makes the future of the practice more sustainable seems sensible		
12	I think that it's sensible to have the surgery at the centre of the practice area, for both the sake of patients travelling to either of the surgeries and for the GPs doing home visits		
13	If it means adding more new patients then I don't support this, it's already unacceptable to have to wait 3-4weeks for an appointment as it is now.		
14	It rationalises the area being serviced and will now include an area currently not serviced by a local practice		
15	Clearly the advent of the new super surgery in Cinderford makes sense to reduce that boundary, however with the new super surgery in Lydney being created do you really want to still cover that area too?		

Please tell us what you think about our plans to change our practice area. We really want your feedback, good or bad.

16	I am in favour of anything you recommend as you know best how to keep up and improve standards, service for our area. The villages of Soudley, Blakeney etc fit well onto the Bream/ Yorkley boundary.
17	This would mean I am no longer to be at the surgery. The care I have received at Yorkley is second to none in comparison to the Coleford surgeries.
18	If it provides better and timely access to doctors then it will be much needed
19	I think it is a good idea. There are lots of doctors coleford way
20	I think its a good idea for the surgery to be in 1 place
21	As long as it doesn't affect the ability to get appointments I have no objections.
22	Anything to keep the practice as good and efficient as it currently is.
23	I believe that the present boundaries are correct in there format and should remain the same
24	It will probably be a good thing
25	It is always good to change things for the better
26	I fear in time once these changes have been implemented that a further process would de-registering patients from the effected area
27	It's hard enough to get an appointment as it is without the extra catchment area.
28	I have no issue with the plans in principal, however I hope if agreed, the timescales to get an appointment isn't made worse and hopefully improved. I say this because it's currently quite hard to get an appointment quickly after you fall ill.
29	It would cut me out
30	Change is always good as long as the communities still get a high standard of care from the drs
31	I live in lydney and at first I was really worried I would have to change surgeries . I am reassured that that won't happen . I don't know your reasons for changing boundaries but I assume they are valid ones that will benefit the practice
32	It's important the practice are free to make changes that they feel will improve their service as long as existing patients are not adversely affected.
33	I think it's a good idea to centralise the surgeries within the boundary area
34	No impact on my family directly, so pretty neutral on the proposal. I hope this will maintain and improve the patient to doctor ratio, not cause it to deteriorate and make accessing a GP appointment even more difficult.
35	Totally understand requirement to change boundary and keep my fingers crossed this does not adversely affect the level of service to patients.
36	It is difficult not to support you when all the information you have provided about this change is so very positive. You don't fully explain why you are doing it but if it is in YOUR interest, then I trust it is in mine.
37	Whilst I support any change that benefits the practice and patients, you have not informed me as to why the change is proposed, so I cannot make any informed comments. I can only hope that this is a positive change that benefits everyone.
38	It can only be much better for patients to receive medical attention.
39	You are an exceptionally good surgery and welcome the chance of other people having the benefits of your practice
40	If the practice feels this will benefit existing services then I have no objections. I'm currently in the Lydney area
41	I think this is a silly idea. Removing areas that you currently serve to then go and add more areas in a different location. If you want to add a further boundary then you shouldn't be removing the existing one, that is unfair. Even if already registered, there are circumstances where people will eventually be told they can no

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	longer be a patient, and removing Coleford, when Bream is a lot closed to Coleford than what Soudley and Awre are. If you absolutely have to do this then the boundary you are intending to remove should be kept for Bream surgery and the boundary you are intending to add too should be only for Yorkley.
42	I find it hard getting appointment with same doctor for ongoing issues and have to explain the history to different doctor. I feel that expanding area even slightly will make it even harder to book appointments with certain doctors Thank you to all the staff at Yorkley & Bream who all do a brilliant job and hope this won't change
43	I understand that more patients need to access Doctors and nurses and all practices are under extreme pressure but currently an appointment takes 2-3 weeks. Also currently unable to access an appointment with my own Dr because all appointments are fully booked and unable to book any dates past the full one's. This means explaining everything once again to a new Dr.
44	I am a new patient here and support your plans if you feel you have the best interests of both your patients and staff at the heart of it.
45	If the practice thinks it a good idea, I'm happy to agree
46	It would appear the extra patients would overload Yorkley. A three week wait for an appointment is already unacceptable.
47	I just don't think it's right to change it, it should stay how it is
48	I totally support this change as long as I am still able to use the practice living in Coleford
49	All looks sensible
50	It doesn't affect our position but makes sense
51	Good plans. Carry on
52	Fine so long as I'm not de registered later down the line
53	What does this do to the over all number of patients registered with the practice?
54	Anything that helps improve your excellent service is to be welcome. The caveat being that this should not water down or pollute what you currently do. Not all nearby practices hold to your high standard of care and accessibility.
55	I can't see clearly, but it looks as though my postcode would fall outside of the boundary. I have concerns in the future that if the practice becomes oversubscribed, those outside the boundary will be deregistered. Having previously been deregistered from my last practice due to boundaries, it is very worrying.
56	I believe it could highly benefit a lot of people outside the current boundaries as you are an outstanding surgery but from a selfish point of view I would worry that it would mean it would be harder for myself and family to see a gp and leave the practice over stretched
57	We want to stay with these doctors we are worried that you will make us change our doctors which would result in us not wanting to see another doctor
58	I feel that this area change would be beneficial to the Surgery, losing the North corner makes the new boundary a better logical area and easier for patients.
59	I can see no problem extending the areas as shown. The practice needs to do whatever it needs to improve
60	I hope this won't affect the excellent service we currently experience. Great to train more G.P's.
61	The doctors and Yorkley and Bream practice. Would only do their best for their patients. I trust their decision.
62	Easy accessible for more patience
63	No problem as long as waiting times to get an appointment doesn't get longer and preferably shorter waiting times

Please tell us what you think about our plans to change our practice area. We really want your feedback, good or bad.

64	Appointments are already few and far between
65	Although expanding may be necessary given the changes to population reducing the northern boundaries I do not feel is a good idea especially as the surgeries in Coleford cannot provide enough care for the patients already registered with them
66	Good
67	As it stands at the moment the existing Drs are struggling to cope with the patients that have at present. Patients aren't able to get an appointment for at least 2 weeks. By expanding this will become worse. If you plan to employ more doctors then fine, but isn't there a shortage of doctors?
68	Good, I moved from Blakeney surgery because I believed Yorkley to be a more patient centered professional practice. If the practice reaches further into Blakeney this would allow my sons to access the kind of care and stability that I have experienced.
69	Does Coleford have a good NHS practice that is currently duplicated by Yorkley? There would certainly appear to be fewer people added by the move east. No real reason given for this change.
70	I'm all for your proposed plans, as long as you can assure me that the practice won't suffer with regards to patient efficiency. My point being, would your existing patients suffer as a result with less appointments? As long as you can assure me that won't be the case, I'm all for your proposal. Wishing you the best of luck with your venture.
71	As long as waiting times for appointments are reduced
72	It's hard enough now to get an appointment, expanding in the practice would make it even harder, so I don't agree.
73	As long as patients are not de-registered because of the changes. It seems a good idea.
74	I understand things have to change to adapt for the future, I understand that people already registered would be moved off the GP surgery register, but I'm concerned this rule could be changed. I'm concerned as my house would literally be under the red line as I live near puzzlewood.
75	A positive change as residents in Coleford area should ideally be registered with Coleford practices.
76	Definitely a good way forward to keep up with increasing patient case loads.
77	If you are cutting the North sort of, and increasing the south east sort of, then to me that's fine, but will we be getting any more doctors at our surgery.
78	I think it's a good idea
79	It would deny people in the red area the choice of a really good practice
80	I live in Coleford & I would have to change practice.
81	I really want to stay with Yorkley surgery I don't want to move
82	Worried I will not get the excellent service I have had over the years I have been with your practice.
83	I need more information to understand exactly how many additional patients could be added to the practice and how the practice hopes to cater to them eg opening both Yorkley and Bream at the same time thereby doubling the doctors available? It is already very difficult to make a doctor's appointment.
84	I'm sure you have considered this plan carefully therefore we support it. The proviso is that we would not wish to see a negative impact on the current service you offer which is excellent.
85	It is hard enough to get an appointment less than two weeks or more in advance now, at either surgery so expanding into the grey area (which appears larger than the red area) would make this issue worse for current patients. On that basis, I am not in favour of the changes. Perhaps if you made your facilities larger and employed more doctors to ease that pressure (if there are any more doctors) that might be a better way to go forward!
86	I'm guessing that sometime Blakeney health centre will close so with the population expanding Yorkley H.C. Would need to extend or hours increased to accommodate the population

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87	I think it makes sense. That being said, it depends where you send people for their appointments. I live in Bream and keep being sent to Yorkley for appointments which I need to ask for a lift for (I don't drive) when I could walk the 2 minutes to the Bream surgery
88	I just hope we can still book in without delays. I rarely visit the Health Centre, but when I need an appointment it is genuine.
89	Yes I agree with your plans
90	It makes sense to centralise the two surgeries within the boundary area, as long as current registered patients are unaffected and it applies to new patients only. I know several patients who live in Coleford and would hate for them to lose their practice.
91	Of course I think it's a good idea to expand , but as long as it doesn't affect appointments / waiting time to see our GPs or any other facilities that our current surgery's provide, it would be no good expanding and taking the doctors we have at Yorkley/ Bream so that they can be available elsewhere leaving the patients with Yorkley/ Bream unable to see a doctor .
92	I think it makes sense to change the practise area as it would centralise Yorkley surgery. Additionally patients in the Coleford/Coalway/Broadwell area currently have access to two surgeries in Coleford, which I understand are proposed to merge to become one large 'super surgery' at a new site in the town.
93	It doesn't m impact us, but I do want to see the practice maintain it's good standards & levels of care so if this is what's needed, so be it
94	While there is reassurance that I , living in the red marked area that I won't be de-registered there is a great concern that the practice may change their mind in the future.
95	The service I receive is excellent and I'm happy for this to go ahead so long as this quality can be maintained.
96	I don't totally understand the reasons but I feel that you must have good reasons so I support that. It does seem that Yorkley is very on the edge of the area currently covered and that people in the new area probably have less choice currently for a GP than those in the area you will lose. It seems to make sense.
97	This could possibly compromise my immediate family who reside in Berry Hill and find this practise to be extremely professional.
98	I can fully understand your reasoning as Coleford already has doctor surgery. And fully support you, As long as i can stay with you .
99	It makes sense as the new area is closer than the area that will be removed
100	I think it is a great idea.
101	If it will benefit patients then I agree with the proposal.
102	If you have only ever been registered at this practice then it would be a real disappointment
103	The explanations given don't seem to make any sense.
104	Makes sense to me
105	Sounds good, pleased to hear changes to boundaries won't lead to de-registration (we are currently on the boundary, neighbours either side are a different surgery!)
106	Yorkley surgery is an asset against the abomination of surgeries in the Coleford area, and I don't understand what it would mean for new children of existing patients. It hasn't been explained the motivation behind this change and how it could benefit anybody - transparency would be appreciated. I personally live in lydney but have plans to move Coleford way, this concerns me as it seems a lot seems to be undefined and the risk of losing my surgery feels quite high! For example, after the boundary change, would I be required to unregister from the surgery if I decide to move to Coleford?
107	From the information supplied I don't understand the reasoning but that's not to say I would be against it.
108	I support it as long as it doesn't create further delays on trying to obtain appointment and increase waiting times

Please tell us what you think about our plans to change our practice area. We really want your feedback, good or bad.

109	I think at the moment where the surgeries are located are good. Changing the location may make it harder for people to access
110	Seems to make sense, tho as I live in Yorkley it won't affect me. I'm surprised the area still stretches as far out as Aylburton & Alvington - are they not nearer to Lydney?
111	I have indicated that I support the boundary change as long as the current surgeries stay in their current locations.
112	I think it's a good idea
113	I would rather it stay the same, I worry that if the area was made larger it would be even more difficult to obtain a doctors appointment than it already is
114	It doesn't affect us
115	As long as it doesn't affect my ability to get to see a doctor when I need to, I can't see it being a problem. I've been a patient at surgeries in other places and have been given appointments that are 2 or more weeks away which is pointless. Some times you need to see a doctor or a nurse soon (within a few days) but not urgently. If that sort of appointment becomes unavailable due to an increased number of patients then it would be a bad idea
116	Looks fine
117	I support the extension of the boundaries but not the removal of boundaries for the areas set to go
118	Coleford area already has access to other local health centres so it would make sense to reduce that area.
119	It doesn't affect my location and makes geographical sense
120	I would like to know the change in number of patients by expanding to the south and how many would be lost in the north.
121	I agree with the changes
122	Seems logical
123	As long as the service expands along with the increase of numbers I feel you wouldn't wish to make these changes unless you felt it was necessary and workable for All concerned!
124	I do not agree. Other practices that I am also in the catchment area for do not provide the same level of care as Bream and Yorkley. I would not feel comfortable if I was to move back to these surgeries.
125	It will keep the surgeries in the heart of boundaries
126	Whilst it doesn't directly affect us it seems like a sensible boundary change, hopefully it won't affect patient access and cause any increase demand on resources.
127	Makes sense to boarder the river severn
128	Provided level of service is maintained I don't have a problem with the change.
129	Makes sense to loose coleford area and take on blakeney area as its closer
130	Since I live in Bream I presume the impact on me would be minimal . However if this results in more patients at the practise I would not be in favour unless the number of doctors/nurses etc went up as well. It is increasingly difficult to see the doctor of your choice in a timely fashion and wouldn't want this to get worse.
131	As long as I can stay registered I don't mind
132	Extending boundaries invariably ends up with less availability. Been there before with another area and this led to a much poorer service. The only benefit I see is better revenue for the practice to the detrement of your patients.
133	I just hope it will not be more difficult to get an appointment
134	I'm curious about the reasons for this change, because while I'm sure there are people in the new area that will be happy to move to Yorkley surgery instead of where they are now, people in Coleford and the

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	villages around it probably won't be so happy. I can't see how the change will enable more recruitment of nurses and doctors, but I'm happy to accept you know more about it than I do. As long as it doesn't mean the service to patients at Yorkley (which is better than at most of the GP surgeries in the region) deteriorates, I'm happy.
135	Living in the Coleford area I feel to have the choice is a good thing and although we moved from Parkend we still prefer to travel to this practice. We feel it would be a retrograde step to have this choice taken away for future generations.
136	I did not know the practice area Seems big to me , as it does not affect me , if its better for you ok
137	Only concern is will it increase number of registered patients and thus make getting an appointment to see a GP more difficult.
138	It appears a more sensible and contained area with the surgeries in the centre. However, there are plans for a large number of new houses to be built on both sides, you will be needing a larger team!
139	Do these proposed changes mean that existing patients will have to wait longer to access the service, or will waiting times reduce?, plus I am concerned as to whether or not Bream surgery will shut?
140	I think the plan is a positive one - the patients from Blakeney area will be getting an excellent service
141	Shame, but spoke things change.
142	Nothing changes for us
143	Coleford have a big surgery already do expanding to cover Soudley etc makes sense
144	This isn't just a yes / no question. It's only ever a good thing if service and quality improves. If the area being gained has potential for more patients than current plans then obviously no it's a poor idea. As said the idea will only ever be appreciated if service levels and quality improves. Zero else matters.
145	I trust you to do what is best for your patients.
146	I think it's good as coleford already has GP surgeries
147	What does this gain ? More hassle and bills to Refuse one area And to accept another Seems a wast of time What reason is behind this ?
148	Hello Community nurse here based in Coleford. I am currently living in Berry hill having moved from Bream last year, i have kept myself and family registered with your practice as you are a great practice and in hope my professional life can be separated from my personal. However, I can see the practicality of reducing the boundary from a community nursing perspective to help patients living in the red area receive continuity of care from local practices and local nursing teams. As you are aware we have a south team but we work at times based on locations rather than surgery. It can be difficult when we need to utilise the surgery with travel for red area patients registered at your surgeries. I am concerned that eventually with the new health centre coming to coleford and the merging of the 2 practices will have a impact on capacity as I often here patients are struggling with appointments or communication with GP's. I trust that this research will be carefully considered and will liaise with the district nursing service so have faith in what the practices decides to do. Thank you for the opportunity to feedback.
149	Why? Is it just to be more central? How does that improve anything?
150	Have answered yes above with the proviso the "expansion" does not harm the current levels of service.
151	A little harsh this.
152	Yes i support the proposed changes, with the proviso we have already been given, that patients from the proposed areas which are being reduced who are already with the Yorkley Practice, can remain as they are

Please tell us what you think about our plans to change our practice area. We really want your feedback, good or bad.

153	Interested to know why?
154	There is a medium term risk of expanding the practice area but not being able to recruit sufficient staff in relation to the enlarged practice population.
155	I fully understand that GP services are stretched & under immense pressure, but having been a patient with Yorkley & Bream Surgery all my life I feel that changing the boundaries for existing patients is wrong. The personal impact for me would be detrimental to my Mental Health & cause me unnecessary stress. The doctors at the surgery are the best in the Forest & I would not be happy to be forced out because of where I live.
156	I live in coalway and have been a patient of yours since 1973 all my children have gone to practice and I would like to know that I will be able to continue to use the practice
157	I understand the possible changes . Reassurance that as we live in the pink area we will still be registered at your surgery is good , as the service that all staff provide at both surgeries is excellent .Thank you
158	Some change is needed , got to move forward and explore new areas , go for it
159	I live in the Coleford area which is currently in the practise area but outside of the proposed practise area. I understand that as I am currently registered I won't be deregistered but it would be interesting to know if booking availability would be affected by the change of catchment area. From what I can see the new area looks to cover a larger land mass but the red area may have a denser population with more ailments. I'm happy to support a change based on minimal disruption to current practise.
160	I believe that this proposal must have been thought about already by specialists who know what they're doing and why they have to do it and so I trust the decision of these experts
161	Depends on the service provided for patients. Does it mean longer waits to see and a doctor.
162	I am new to the area and seems Logical
163	Living in Ellwood we originally went to a coleford gp but had dreadful service. Luckily your proposed changes would be accomodating of us in Ellwood still but if there isnt a decent gp in coleford then you may isolate the people living there. Maybe consider the reputations of other surgeries as if blakeney is a good surgery it may be that you do not need to expand that way as much. All in all though I seem fine with these changes.
164	If it helps provide a good service to patients it appears to be positive move.
165	I'm assuming you would end up with one practice which makes sense
166	It appears to be entirely sensible. Pts should be reassured that if currently registered they will not be affected. As regards the future... yes, makes sense.
167	My only concern would be if the practice was increasing it's patient totals would this mean a longer wait to see a doctor for both urgent and especially non urgent appointments
168	Keep it as it is why Change it if it's working
169	As I personally don't know the reasons behind the changes . I can only assume that the level of service will stay at a high standard as I've experienced since I registered
170	I have no objections to these plans
171	No impact on myself or my family, however if the practice believes there will be a benefit for most patients from this proposed change of boundaries then I would support the change.
172	I have no issues with the changes as I am not affected.
173	I am new to the area and the proposed change don't seem to affect my use of the service.
174	Bad
175	It looks like it makes more geographical sense. It will include more people from beyond the Yorkley direction.

Please tell us what you think about our plans to change our practice area. We really want your feedback, good or bad.	
176	It's hard for me to say really as I've only used the Bream surgery once since I've registered. But I'm sure other patients will benefit with the changes.
177	I do not agree with the new practice boundary - 'the heart of the area' then why delete the North and extend a huge amount East to Blakeney. Anything but the heart of the area.
178	Surgeries will be equidistant to borders of area proposed.
179	Yes I agree this should change
180	Great if more gp's and nurses can be employed to create more appointments and less wait time for one
181	If you are increasing the population of clients how will you ensure accessibility of appointments for all.
182	My one concern would be that if the new area has a greater number of population the already unacceptable waiting times for appointments would be longer if staffing cannot be increased and retained
183	I would be interested to know the increase / decrease in patients this would bring
184	Not enough information concerning effect on Pharmacies and neighbouring doctors .
185	Yorkley Drs and nurses have been brilliant with my dad Ken Howard, so as his son im over the moon , it really won't affect us so you do what you think is best . Kind regards, Chris Howard.
186	I believe that this will increase the number of patients and therefore will increase waiting times for a Dr appointments
187	Hi as long as there will be more doctors nurses and staff to carry on doing such an amazing job that you do as a well run doctors practice x
188	As long as it does not affect the existing patients I see no issue
189	It makes sense to cover Blakeney and lose Coleford
190	In theory I am happy with the proposals and having trusted the practice for almost 50 years if you think it is in your best interests of the running and development of the practice I would not have any objections
191	Your going to change the boundaries anyway. I doubt I'll be staying with the practice after asking for a letter to be told "no" .
192	At a guess I'd imagine the new area has less residents and so will put less pressure on resource I use, but information on whether the Blakeney surgery is available as part of the move should be provided.
193	Additional information is required. Without knowing what affect the change in boundaries will have on patient numbers, wait times, and what provisions are in place for those losing positions it is impossible to be able to provide meaningful feedback.
194	Luckily for us, our family falls just within the northern border. I guess my question would be what are you doing to help ensure that Coleford is well enough covered by existing practices?
195	I/we spent a considerable amount of time choosing your practice and am concerned, despite "you having no plans to de register existing patients". I have been extremely pleased with the service you have provided me and living in the red area does leave me very concerned.
196	Geographically it appears to look logical and no doubt a lot of thought will be given to the proposal from an administrative aspect.
197	I am within the proposed new area anyway so guess not really affected I do think the proposed area will be a fairer distribution of patients
198	I think it's a good idea providing we can still get appointments to see the Doctor or Nurse as we still do. I'm hoping it isn't a step in the wrong direction that destroys the good service we have compared to other local surgeries.
199	Makes perfect sense

Please tell us what you think about our plans to change our practice area. We really want your feedback, good or bad.

200	I really don't have any strong opinions on the change if, thank goodness, we can stay with you. So I support it simply because I'm sure you know best
201	It sounds like a sensible idea and solution as the practices have a lot of patients so changing the boundary may resolve some of these issues and enable more appointments to be available.
202	You've obviously researched this, so I'll go with your decision.
203	I can only support this if there is already a practice or practices able to take on patients now excluded with this proposed change. How many people does this affect? With increased population with planned house building, would you want to shrink again? Would it be better to increase capacity rather than shrink boundary due to development plans?
204	I would prefer things to remain as they are, expand if necessary but include existing areas.
205	It doesn't affect me.
206	It makes sense to have a catchment area as if there are too many people registered at the same surgery it will have an impact on the appointments that are available to those who need them.
207	It would be interesting to understand the numbers in terms of reduction/ increase in patients or any changes to the current service.
208	I don't understand the map, looks like you already cover Lydney. I thought Lydney had its own surgery. Can't see why you are dropping one part, if that is what the red area means, to take over another area. If you get any bigger no one will know a patient except through a different doctor's notes.
209	I worry this will eventually affect my family in Berry Hill. They have received outstanding service from your surgery which has far exceeded any care they received in Coleford. I realise existing patients are not affected but assume this could be compromised in the future and any more family members would not be able to register
210	It seems to be the way practices are going unfortunately. Surrounding ones seem to be amalgamating Yorkley shouldn't get left behind but will it be at the cost of having to wait even longer for an appt and never see the same dr twice with the larger practice numbers
211	If you think this is the right thing to do for the future, then I would support your proposal.
212	I feel that as you cannot get an appointment within a fortnight at the moment, it will only make this worse.
213	Seems ok but my concern going forward is what about our grandchildren who are registered at Yorkley, whilst at the moment they're fine will any offspring they may have still register with Yorkley in the future?
214	As long as it doesn't affect my need of a GP when I need one...Go for it
215	I have a very friendly and professional relationship with my gp and the staff at both surgery and would be devastated if I had to change to another gp surgery. Dr Edwards is a fantastic gp, I have total trust in him. Roger Hurcombe.
216	Why do you want to change the area?
217	Difficult question. I have to assume that the change is motivated by patient need.
218	It will centralise the surgery in the proposed area shortening journey times.
219	I think the changes are good for the practice
220	I live in Bream so not directly affected. The change does require better explanation in the context of other NHS provision changes e.g. New hospital and new combined surgery in Lydney.
221	It will indeed put the practice at the heart of the area. I hope it will also assist the practice to survive and thrive in the current NHS climate.
222	Will we be waiting longer if more patients are registered?
223	Hopefully we will still be able to get an appointment sooner than later
224	If this will serve those who live within this area better, that must be a good thing. Ensuring the area (in red) will have sufficient GPs to serve its growing population needs to be guaranteed before going ahead with any plans to curtail boundaries.

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225	I don't agree with the boundary changes. Even though I live in Coleford I have been with Bream and Yorkley since I was born. Brought up in Parkend and attending surgery there until it moved to Bream. All my family attend both surgeries and I have maintained a rapport with all doctors, nurses and staff. I feel a change for me would be disastrous for me regarding my mental health and my family are happy with their surgeries too. While I understand that local people can be provided with a better service, I live no further away than those in Aylburton or Woolaston. I not familiar at all with Coleford doctors and I would not feel the same. So my answer is no to the changes.
226	Makes sense to have the surgeries at the centre of the practice area.
227	I have no objections so long as no patients will be asked to leave the practice if they are outside the boundaries or there are no plans to close either surgery.
228	As long as it keeps our local practice safe then I have no concerns.
229	I think it's good to include a larger area.
230	I welcome the fact that your excellent, patient centred practice would be available to a wider chunk of our community. I have to say that I probably don't understand all of the wider implications, but if it means you are able to recruit quality staff, and more of them, that would surely be a very positive thing.
231	I agree to have the location of the practices in the centre of the boundaries. It makes sense.
232	I don't have enough information to form an opinion on this. It's not very clear what the impact on patients would be in each of the three areas.
233	The Forest of Dean is a quickly evolving area and getting appointments is difficult already without taking what seems to be a bigger area, for the health center to serve. There would need to be more medical staff to enable the change to work.
234	Coleford practise have recently removed everyone from the practise who live in the Bream/Yorkley area meaning that it would be too much stress on the practise to take on extra Coleford area patients. I do worry about the extra strain from places such as Soudley as these residents have many options including Cinderford and Lydney.
235	Given the current area covers 'Coleford', which is a big town, I feel like these patients will have many alternative surgeries to choose from. However, the new areas I think will benefit far more from being able to access the practice. I have family members who are currently registered with Blakeney surgery and the quality of service and the experiences they've had are extremely shockingly poor, and I know how few doctors are there. Therefore, if the catchment area is extended to help these patients, I feel like they would find this extremely beneficial to them.
236	As long as the waiting time to see a doctor is no longer than what it is currently, then it's fine. The waiting time is 2 weeks at the moment, to book a doctor's appointment, which is long enough.
237	Just a bit concerned where you are going to get the extra nurses and doctors from?
238	With expanding housing density increasing demand in original area covered, it makes sense to remove a high density area like Coleford.
239	For a start, it would seem disingenuous to ask for a straight Yes or No answer. This is a complicated proposal and you are only offering a faint outline. As a resident of Bream, I already feel a bit marginalised and often have to drive to Yorkley if I want an appointment. Will I now be asked to drive to Newnham? I am over 70 and certainly don't want to drive more than I have to, and particularly when I don't feel well. Your current online appointment system is inadequate - I have just been online and the first appointment I could have is 17 days away - at Yorkley, with a doctor I have never heard of. For the period after that, there are 50 appointments available in Yorkley, only 2 of those being with one of the partners. There are 37 appointments available in Bream, none of them with the partners, almost all of them only on a Tuesday. There are seemingly no nurse appointments at all.....? I know from bitter experience that your reception service is overloaded - ringing first thing in the morning can lead to a wait of up to 40 minutes in a long queue. The receptionists are not always helpful (I know they are pressured) and the young man is hopeless. If you expand the practice, will I have to wait an hour or more to get through? Bear in mind that we are all trying not to ask to see a GP unless we feel a condition really needs looking at. Would it be possible to have more than one reception, each offering appointments at one location only, with a (rare!) fallback of passing you on to the next nearest location? Or at least several receptionists who have access to a real-time appointment system?

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	To sum up, I feel that until you can run the area you currently cover in a way that makes your patients happy (and not panicky - yes, sadly we ARE), you should NOT be considering geographical expansion. I would also like the opportunity to have further consultation on the exact proposals, rather than just a map.
240	As a resident of Yorkley these changes will have little effect on me. It is assumed that those in the red area will be adequately served by a Coleford practice.
241	It appears practical and should ensure all future patients can more easily access a nearby surgery.
242	I feel the surgery would be more centralised, with access from more rural areas
243	I wouldnt want to travel miles to see a doctors as I live in the same village as yorkley pratice
244	The concern is whether the practice can cater for more patients. I try to ring the surgery, admittedly not often, but the line is always busy. Understand trying to help other areas because of the shortage of GP services but not at the expense of providing existing patients with the best service possible.
245	I am really pleased that I do not live in the affected area, as I would be very disappointed to lose this practice
246	Expanding (grey area) will just increase wait times for appointments. Not enough physicians. And one is retiring. Not a good scenerio
247	Improvements to services (more doctors nurses etc) is a good thing
248	I believe there is a danger of more patients attending the surgery. Already, over the years, there has been a continuous move towards waiting up to a month for an appointment. At the time when the surgeries had no appointment scheme it was possible to see a doctor within 24 hours. Once the appointment scheme was introduced the time to see a doctor instantaneously went to a week and today it can any time up to a month. I firmly believe that patient service will be deminished.
249	Yorkley and Bream Surgery is an outstanding gp practice, more patients would help the surgery meeting more people's needs and help the surgery grow.
250	Would the change result in greater or fewer patients registered at the surgery? Would it mean access to appointments become more challenging due to greater competition?
251	It appears that berry hill/Coleford area would be removed from the boundary which will impact on lots of people already engaging with the surgery
252	This change will not directly affect myself or my husband but if you are increasing the amount of patients from the new area then you MUST employ at least another doctor, currently a two /three weeks wait for appointment is currently unacceptable so it must not get any worse as you state you will not deregister any current patients this is a distinct possibility, I personally know at least two patients who are registered from cinderford which is way out of area ! Cinderford has a big new surgery! This should be stopped as it takes away from those of us who live within area.
253	This is ok as long as it does not mean having more patients. If there will be more patients will there be more Gp's and how will this affect patient waiting times for an appointment?
254	Why would you leave the coleford area out and expand all the way to awre I really do not understand unless of course the blakeney surgery is closing
255	Seems a good idea, especially out to the East
256	Difficult to make an informed decision without the numbers of people in each area and little information on how this will help recruiting/retaining staff. Should be a don't know in the above questions.
257	If this plan will make the practice more efficient and benefits the patients, then I support it.
258	Respect your professional knowledge ,experience if you believe this is a positive change to your practice area
259	Providing all Dr's /Nursing staff agree I have no personal objections.
260	It seems to make sense to future prof off our great practice. I am glad no patients will be deregistered.

Please tell us what you think about our plans to change our practice area. We really want your feedback, good or bad.	
261	The main concern for any patient is waiting time for routine appointments
262	Thank you for asking us as patients for feedback. In principle we agree with your proposals but without further information eg. How it will impact on the excellent clinical services you currently provide we cannot provide any further opinion.
263	The change seems to make things easier to travel. Instead of through the Forest .it sticks more to the A48
264	If this improves the practise to make the changes then I am 100% in favour
265	Possibility of longer waiting time for appointments
266	Makes sense on new patients locations related to the two surgeries.
267	As long as it makes sense to the practice employees I am happy
268	It looks to me that the practice is looking to take over Blakeney practice which is not a partnership practice any longer
269	The new area defined as the Practice Area seems to make sense from a practical perspective and I assume it is being done for good reasons. However, the exercise is a bit confusing and lacks explanation. If patients won't be affected by the boundary change what in fact does the practice boundary actually signify?
270	Providing the service remain the same we are happy
271	Happy to fit in with your arrangements
272	What would be the change in population sizes if one area is reduced and another expanded? It's already difficult enough to get an appointment; so if the changes would mean an increase in patients numbers, I would not support it. Especially as Dr Andrew will be retiring soon.
273	As long as it is excess able good parking
274	The change in practice area does not have an impact on me, but I can see the benefits this change would have in the practice.
275	It is difficult to get quick appts usually 2 or 3 weeks wait. I feel this will now worsen.
276	I have just moved to the are so as long as the boundary changes doesn't affect the care existing patients are getting its all good with me
277	Providing it does not adversely affect the service me or my wife receive I have no objection.
278	Not affected, as we live in Yorkley.
279	We love our village surgery at bream and support anything to improve services beyond it keep up the great work .
280	My family has always been patients at the practice ever since they were born . We would love to still be involved in the practice going forward and do not won't to change . It's unfortunate that we could not get housing in your close catchment area but we have been lucky to stay with our practice. We as a family would not be happy if we had to change .
281	It's fine with me
282	Doesn't make a difference to us living in Parkend, however, would it mean a busier surgery and longer wait for appointments? If so, I wouldn't be in support of it.
283	All depends on the difference in populations whether it will ultimately be a good or bad think for Yorkley surgery and it's existing patients.
284	I think it is a brilliant idea. We are very happy with our Doctors Surgery. Thank you
285	It seems logical to remove Coleford area and add in Blakeney/ Soudley in terms of geographical distances for the practice. I don't know what that means in terms of potential patient numbers, so the only note of caution I have is that if you are not deregistering patients from the old area could you spread your resources thin as you are now covering a larger geographical area and will potentially have a large influx of new patients.

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286	Map of proposal not detailed. No information on patient numbers.
287	You currently have wait two weeks to see a doctor. Taking on more patients will only make that worse
288	Geographically it seems to make sense. I trust that if patient numbers change, doctor and nursing staff availability will not suffer and hopefully both staff and patients will benefit.
289	If these changes continue to provide a comprehensive service to all patients then I am in agreement with the suggestions made.
290	It's hard enough to get an appointment with a doctor as it is and when collecting prescriptions we are now forced out in the freezing cold. How come suddenly there is enough room inside for all these new patients? Look after the ones you have first - and move the pharmacy INSIDE then see what space you have.
291	This will obviously increase patient numbers leading to longer waiting times for appointments and probably make it more difficult to see Doctor of choice
292	Am surprised what a large area you cover, surely Aylburton & Alvington should be covered by the Lydney practices.
293	If the change is to benefit patients and not to reduce care by combining into 1 surgery and not the existing 2 I can see no reason to oppose it. Presumably it will be more accessible for patients who do not drive.
294	If it's beneficial to practice and patients then it would be a good move
295	Change is always good and if it does improve things like getting appointments, treatment and less waiting time to see a doctor etc then that would be great, but if by doing it there's a large increase in added patients then I don't see anything changing or improving
296	I think continuation of a very good current service is a great plan
297	I have had to wait so long for appointment for just a blood test I think this will be bad for the staff at the practice. The Bream/yorkley practice used to be good its crap now. I think lydney practice is to small and it needs to be made bigger not put the burden on yorkley and Bream.
298	I do not feel that I am in a position to form a view on this without more detailed information about what the perceived benefits would be to both medical staff and patients. However I do have confidence that the practice GPs (for whom I have great respect) must have good reasons for suggesting it, and on that basis alone I would support their proposal.
299	I support this as I understand it won't affect my registration to the practice.
300	As long as you take on at least 1 or two new doctors then no issues but not just one to replace the retiring gp! De register the patient's you have living out of area as it exists! People in cinderford shouldn't be taking our appointments and they currently are. A two week wait plus for an appointment is unacceptable.
301	You say that you won't de-register patients but you're removing the red shaded area? How many additional patients? How will they travel to Yorkley or Bream and it might have been helpful to show location of the surgeries of other practices on your map. Are you going into competition with other Drs?
302	If it is something that needs to be done to provide a good quality of care and for staff to feel less pressure and stressed to provide a very good service rather than feeling over stretched and not giving the care they feel they could. Then all for it!
303	It makes perfect sense
304	Cannot read the map too blurry
305	It looks like you are dropping Coleford town area which is probably already well covered by other practices and bringing in a smaller population in more rural severnside communities which may not be as well served. With the current growth in housing in and around Lydney this may be wise in order continue to support the existing community you serve.

Please tell us what you think about our plans to change our practice area. We really want your feedback, good or bad.	
306	We believe that you know your own practice requirements best. If the current good service can be maintained that will be enough
307	Seems sensible to expand the boundary to an area with less availability to healthcare and reduce boundary in an area that is likely to have a greater amount of surgery options.
308	Seem logical given apparent present off centre location of main surgery (Yorkley). Have to assume new boundaries will place Yorkley more central in both the geographical AND population distribution terms.
309	My concern is that if you expand the boundary to take-in more patients will you still be able to provide the current level of care? There is a plan to recruit more staff but the size of the surgeries are fixed so there is a limit on how much you can expand. There is no information about the physical capacity of the surgeries ability to accept more patients - unless the current surgeries are too big?
310	Good, providing doctor/patient ratio improves.
311	Change is inevitable to keep the NHS flowing well so I fully support the requirement for change.
312	I support the plan provided that it achieves the improvements to the service that you have outlined.
313	It does not affect me living in Bream
314	It makes clear geographical sense.
315	The only bad thing will be getting a appointment because there's more patients, will there be more doctors?
316	The practice area is expanding and I have no objection to that as long as it is not detrimental to existing patients in terms of speedy access to all normal and expected services of the surgeries with ample staffing levels.
317	I support the changes if it improves the service and makes access better
318	Seems logical to help areas to the east
319	I can understand what you are saying but we moved ro you from Coleford as both practices are terrible. You on the other hand are amazing
320	Dependent on number of proposed new patients in the new area compared to the existing area
321	As a patient of the practice since birth, it is already becoming increasingly difficult to get a doctors appointment within a reasonable timeframe. Waits of 3-5 weeks for some doctors is becoming an extreme amount of time and this would potentially get worse with an increased area for patients
322	Makes sense - given the Yorkley practice's location.
323	Yes it's ok as long as our getting appointment's is not made any harder.
324	I'm not necessarily against your proposals but I don't feel you have provided enough information for me an informed decision. Presumably you have done some market research but I don't understand why you want to reduce the Northern area if your aim is to increase the size of the practice area. Also, if there is a shortage of doctors what leads you to believe that you will be able to recruit more to cover the expansion .Will this not just lead to a worse service for existing patients if you are spread more thinly? Are people in the South not already well served by another practice and, if not, why is this? Could you not organise a public meeting to explain your plans more fully?
325	I think it is a good idea to reduce the boundary on the coleford side, maybe a bit on the cinderford side would make sense as well?
326	The north has good access to other practices
327	There are multiple surgeries in the coleford area already so this zone is well supported. I am from the zone that is proposed to be removed, and chose to register at yorkley/bream as the service is far superior to the coleford surgeries. I do not want to be deregistered, but anything that helps maintain and improve the service of the yorkley and bream practices is welcome.
328	I agree with reducing the northern area if required, but I worry that then expanding South will put too much pressure on the surgery which already has quite long waiting times and difficulty booking appointments

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329	It would make for a more cohesive area with the existing Yorkley and Bream surgeries. I must take this opportunity of saying what excellent service I have always had from EVERYONE in this Practice in the 15 months since I joined it. THANK YOU is a very inadequate message!
330	im happy to go with any changes that the practice needs to do
331	I am concerned that G Doc may be concerned in the change, in which case I have concerns about G Doc and would not be supportive of changes if they are involved
332	Too hard to get appointments now let alone expanding
333	Being a new patient the changes proposed hopefully will strengthen the practice which will be a good thing. I do hope new members of staff will be available .
334	I think the proposed area will be too big for the infrastructure of the practice as it stands. Parking and access to Yorkley is at times chaotic and Bream has hardly any space at all. It would appear that the practice will be taking on much more than it is losing therefore I cannot support the proposal.
335	I live outside the proposed new area and support the changes, however I am happy with this practise and am happy we will be kept at the practise
336	I have no idea if this is a good or bad thing. The information provided would need to be correlated with other practices in the area to ensure that the area in red is still covered by another practice. It does not affect me, I am well within the catchment area.
337	I have no problems with the changes as long as it doesn't affect getting appointments etc Thank you
338	I think you should do whatever you think would give the best service to patients and staff.
339	People in Coleford struggle to find a doctor now, so would make it harder if yorkley and bream doctors are not available to them. I have been with yorkley doctors all my life but live in Coleford, I have had such good treatment I absolutely never want to change from my doctors.
340	I think it is a sensible idea to expand to Blakeney area.
341	Seems like a logical move from a geographic perspective.
342	Yes we can only see this change when it happens can only improve service.
343	If you intend to change the practice area, then I think patients who are already registered with and are out of the new practice area should have the option to stay at the practice especially those who have been at the practice since birth. As a patient at the practices since birth & being made to move to another surgery would cause me unnecessary stress and anxiety as I've been receiving treatment from the same doctor for over 5 years & having to change would have a huge impact on my health & wellbeing.
344	I am concerned that patients in the Coleford area would no longer have much choice of GP. We were forced to change when we moved to Coleford from Cinderford, and on hearing feedback on the Coleford practice decided to register with Bream instead. We have had very good experience with Yorkley and Bream and continue to hear feedback about Coleford that is not positive. I am very relieved that we would be able to stay with your practice but am concerned for others. I can see that the boundary change makes sense in other ways however.
345	As a patient previously living in Yorkley, I was very happy that I could remain with the surgery on moving to Coleford, however, I think the proposal makes sense.
346	Difficult to get an appointment now. Don't need any more people to cover
347	I feel its hard enough to get an appointment now how will the practice manage with more patients?
348	ilf the change is for the better, why not.
349	Very sensible proposal. The area marked in red is well outside our local Forest area. It will hopefully reduce the horrendous parking problem at Yorkley surgery
350	I really value the practice and the personal way the doctors, nurses and staff treat us. As long as are included within the new boundary then I support your proposal
351	It is hard to get an appointment now, we will have to wait longer if the practice area expands.

Please tell us what you think about our plans to change our practice area. We really want your feedback, good or bad.	
352	Living in Broadwell I very much appreciate being able to use the Yorkley Bream surgery and the decision that this will continue after the suggested change in area covered.
353	Happy enough. I feel confident that the practice has done it's research and feels able to pursue this.
354	If the change of the boundaries improves the surgery and offers more patients the chance to access the amazing medical support that bream and yorkley already offer to their patients then I think this is positive. I've had nothing but positive experiences with the surgery and hold all the drs in high esteem. This surgery is just fabulous. Thank you kayleigh Hoskings
355	I think it makes sense to redraw the boundaries as the excellent reputation of the surgery attracts a lot of patients
356	As Coleford area has Dr surgeries I can understand the change. I have a good repoir and would hate to change Dr's after all this time. Especially as I suffer with mental illness and would cause anxiety to then have to rebuild a new relationship.
357	I know at the moment you are not making patients who are registered leave, but some families have been with you for years. They would like their future families to be patients. I think it is a shame that yet again Coleford area is losing something valuable.
358	Living in Coleford, I am grateful you're not going to deregister me, as I changed GP from Cokeford to Yorkley as the service there was very poor and Yorkley has been far far better and proactive.
359	Some questions arising from what I have read about the proposal mean I cannot answer Yes or No to the wuestions above at the moment. I have written a separate letter raising my questions.
360	As long as the plans do not compromise the excellent service we currently get then I am in favour of the changes.
361	As the proposals are not likely to affect us in Sling, we would have no objection, but guess there maybe others who might.
362	As I live in Sling, the proposals do not really affect me and so I have no objections to the changes.
363	I am happy for these changes however I would be very sad if this meant I was not able to continue with this practice as I have only had good experiences here and not so great experiences at other practices.
364	Ok by me as long as it cuts the waiting time for an appointment with gp/nurse
365	Yorkley and Bream surgery is the best in the Berry Hill catchment area. Doctors are attentive and care about patients, taking the time to listen. This care isn't available elsewhere.
366	I think it's a good idea and should help the practice to continue with its excellent service.
367	It will be harder than it already is to get appointments and be as efficient.
368	It makes sense to use a practice close to home. Unnecessary travel wastes time and resources.
369	The current standard of the Surgeries is excellent both regards to GP's, Nursing staff & all admin. The receptionist are very helpful and understanding. This is not found at other practices locally. So as long as this service is not compromised there is no reason to not agree with the boundary changes.
370	Yorkley & Bream surgeries are the best practces in the whole of the Forest (and I could say beyond!). As long as the practice(s) remain as they are, with professional and accommodating staff and attitude I have no issue with the boundary changes.
371	Good idea
372	A very good idea
373	A very good idea
374	I feel that the current system works well
375	As long as you have the correct number of staff working in the practice I cannot see any problem with changing the boundaries.
376	Sounds fine

Please tell us what you think about our plans to change our practice area. We really want your feedback, good or bad.					
377	If it improves the future prospects of the practice I am in favour.				
378	This is an outstanding practice and I am glad to hear about plans that are intended to consolidate its high standards and maintain them into the future.				
379	It's a very good practice. Have no big concerns either way. In theory the practice needs to serve the areas where people find it hardest to access a GP surgery at the present and future period in time. Considering those who find accessibility difficult without private transportation is also important				
380	Arranging appointments at the present time is not happening! Adding further patients to an already heavily loaded list does not make sense... Its an irrational decision! What Guarantee can be given that expansion/retention of Doctors and Nurses will occur? The practice response to my wife and I is exemplary. We cannot fault the assistance we receive we deem it!				
381	Something need changing. It's good.				
382	Better phone access.				
383	Red area already covered by other practices which are building/extending so I think it makes sense to change the boundary. I support the change.				
384	I am glad it doesnt affect me and I support the change.				
385	This suits us as we live in Blakeney.				
386	Although I understand and support proposed boundary change, my concern would be, by enlarging current area massively, there would be lots more patients needing appointments and so the waiting list to see a doctor will be longer				
387	I think this is a really good idea and a more natural catchment area for the practice given the location of other practices in the area.				
388	Good idea aslong as Im not deregistered				
389	Can understand the change to the practice area and seems to make sense with the areas being affected.				
390	I believe it's a good idea to extend the boundary as indicated on the map to include Lydney etc as this will provide a service to all those moving into the new housing in that area				
391	I live in Milkwall so hope that I will be able to stay with the practice indefinitely. I would be concerned that over time the expectation would be for me to go to a Coleford practice				
392	It makes sense looking at the map. However, as a current patient based in Coleford along with my daughter, I feel we are extremely fortunate to be on your books. I've been with previous practices before and your services are second to none. I feel sorry for future patients living in Coleford who will have to register elsewhere, but as I said, the new boundary area makes sense geographically. I hope we can remain on your books as you have suggested.				
393	Do you have enough staff to cover this area? It's hard enough to actually see someone as it is at the moment.				
394	If as stated the proposal would help ensure the viability of the practice, without affecting the present access and excellent quality of service I have experienced, then it would be good to see this extended more widely.				
395	I think the practice area increase is not acceptable. The practice has difficulty coping with the requirements of it present patient listed numbers now without in reading its patient numbers further. The practice needs to increase its patient care quality and give more time to its present patient.				
<table border="1"> <tr> <td>answered</td> <td>395</td> </tr> <tr> <td>skipped</td> <td>219</td> </tr> </table>		answered	395	skipped	219
answered	395				
skipped	219				

Are you:				
Answer Choices			Response Percent	Response Total
1	Male		39.53%	236
2	Female		59.63%	356
3	Transgender		0.00%	0
4	Non-binary		0.34%	2
5	Prefer to self describe		0.00%	0
6	Prefer not to say		0.50%	3
			answered	597
			skipped	17

Which age group are you:				
Answer Choices			Response Percent	Response Total
1	Under 18		1.00%	6
2	18-30		4.85%	29
3	31-45		15.89%	95
4	46-60		30.60%	183
5	61-75		38.46%	230
6	76-90		9.03%	54
7	Over 90		0.00%	0
8	Prefer not to say		0.17%	1
			answered	598
			skipped	16

Please provide your postal town or village, e.g. Yorkley, Bream, Coleford, etc.				
Answer Choices			Response Percent	Response Total
1	Open-Ended Question		100.00%	590
1	Parkend			
2	GL154QZ			
3	Lydney			
4	Whitcroft			
5	Pillowell			

Please provide your postal town or village, e.g. Yorkley, Bream, Coleford, etc.

6	gl155tr
7	GL15 5EP
8	Bream
9	Coleford
10	Whitecroft
11	viney hill
12	Oldcroft
13	Bream
14	Bream
15	Bream
16	GL156JS
17	Bream
18	Whitecroft
19	Parkend
20	Bream
21	GL154HQ
22	Parkend
23	Parkend
24	Bream
25	Lydney
26	Pillowell
27	Whitecroft
28	Coleford
29	GL15 4SR
30	Whitecroft
31	Lydney
32	GL15 6DD
33	Parkend
34	Yorkley
35	Lydney
36	Yorkley
37	Coleford
38	Clements End
39	Yorkley
40	Parkend
41	Parkend
42	Moseley Green

Please provide your postal town or village, e.g. Yorkley, Bream, Coleford, etc.	
43	Yorkley
44	Berry Hill
45	Whitecroft
46	Bream
47	Lydney
48	Lydney
49	Lydney
50	Pillowell
51	Parkend
52	Coleford
53	Lydney
54	GL15 6JQ
55	Coleford
56	Whitecroft
57	Bream
58	Coleford
59	Aylburton
60	Lydney
61	Bream
62	Whitecroft
63	Bream
64	Yorkley
65	Bream
66	Yorkley
67	Blakeney
68	Bream
69	GL156EG
70	Bream
71	Bream
72	Lydney
73	Lydney
74	Berry Hill
75	GL15 5lf
76	GL15
77	Parkend
78	Viney Hill
79	Yorkley

Please provide your postal town or village, e.g. Yorkley, Bream, Coleford, etc.

80	Lydney
81	Coleford
82	Coleford
83	Bream
84	Bream
85	Parkend
86	GL16
87	Yorkley
88	Yorkley
89	Coleford, GL16 8BG
90	Broadwell
91	GL16 7rg
92	Bream
93	GL155PL
94	Lydney
95	Whitecroft
96	Yorkley
97	GL15 5SL
98	Coleford
99	Bream
100	Coleford
101	Bream
102	Yorkley
103	Coleford
104	Bream
105	Yorkley
106	Bream
107	Bream
108	Lydney
109	Bream
110	Whitecroft
111	Yorkley
112	BREAM
113	Yorklet
114	GL15 4RN
115	Sling Coleford
116	Coleford

Please provide your postal town or village, e.g. Yorkley, Bream, Coleford, etc.	
117	Viney Hill
118	Bream
119	Parkend
120	Oldcroft.
121	Parkend
122	Pillowell
123	Stag Hill, Yorkley
124	Coalway
125	Coleford
126	GL155PL
127	GL156ND
128	Alvington
129	Pillowell
130	Whitecroft
131	Bream
132	Yorkley
133	Bream
134	Bream
135	GL15
136	Yorkley
137	Lydney
138	Bream
139	Sling
140	Clements End
141	Berry Hill
142	Bream
143	Yorkley
144	Coleford
145	Bream
146	GL16 7NH
147	Bream
148	Aylbuton
149	Bream
150	Lydney
151	Coleford
152	Lydney
153	GL16 8LL

Please provide your postal town or village, e.g. Yorkley, Bream, Coleford, etc.	
154	Yorkley
155	Lydney
156	Pillowell
157	Viney Hill
158	Yorkley
159	Lydney
160	Yorkley
161	Viney Hill
162	Yorkley
163	Yorkley
164	Bream
165	Bream
166	Yorkley
167	Whitecroft
168	Lydney
169	GL15 4JF
170	Whitecroft
171	Whitedcliff
172	Clements End
173	Lydney
174	Bream
175	Yorkley
176	Coleford
177	Bream
178	Yorkley
179	GI154JF
180	St briavels
181	Bream
182	Bream
183	Lydney
184	Lower Oldcroft
185	Whitecroft
186	Coleford
187	GL155SD
188	Oldcroft
189	Yorkley
190	Blakeney

Please provide your postal town or village, e.g. Yorkley, Bream, Coleford, etc.	
191	Whitecroft
192	Bream
193	Coleford
194	Bream
195	Coleford
196	Yorkley
197	Bream
198	Lydney
199	Lydney
200	GL16 7BT
201	Whitecroft
202	Viney Hill
203	Bream
204	Bream
205	Bream
206	Coleford
207	GL154tf
208	Yorkley
209	Bream
210	Pillowell
211	Bream
212	Coleford
213	Coleford
214	Oldcroft
215	Aylburton GL15 6DF
216	Bream
217	Lydney
218	Lydney
219	Coleford
220	GL167SF
221	Lydney
222	Bream
223	Bream
224	Coleford
225	Bream
226	Coleford
227	Clearwell

Please provide your postal town or village, e.g. Yorkley, Bream, Coleford, etc.

228	Bream
229	Yorkley
230	Coleford
231	GL16 7JL coalway Coleford
232	Lydney
233	Lydney
234	GL167jz
235	GL15 4RE
236	Bream
237	Coleford
238	Bream
239	Coleford
240	Bream
241	Parkend
242	Aylburton
243	Bream
244	Bream
245	Bream
246	Ellwood
247	Clements end
248	Parkend
249	GL15 5TJ
250	Bream
251	Lydney
252	Bream
253	Bream
254	GL15 5af
255	Lydney
256	Lydney
257	Bream
258	Lydney GL15 5SS
259	Bream
260	GL154SB
261	GL156JH
262	Bream
263	Bream
264	GL15 6NE

Please provide your postal town or village, e.g. Yorkley, Bream, Coleford, etc.

265	Coalway
266	Milkwall.
267	Parkend
268	Lydney
269	Sling
270	Yorkley
271	Yorkley
272	Yorkley
273	Bream
274	GL15 4SP
275	Parkend
276	Lydney
277	Lydney
278	GL15
279	Lydney
280	Yorkley
281	GL15
282	Milkwall
283	Moseley Green
284	Sling
285	Sling
286	Oldcroft
287	Lydney
288	Yorkley
289	GL15 5BE
290	Yorkley
291	Coalway
292	Bream
293	Pillowell
294	Lydney
295	Lydney
296	Sling
297	Bream
298	Coleford
299	Lydney
300	Bream
301	Aylburton

Please provide your postal town or village, e.g. Yorkley, Bream, Coleford, etc.

302	Whitecroft
303	Whitecroft
304	Clements End, Coleford
305	Whitecroft
306	Whitecroft
307	Fetter Hill
308	Alvington
309	Bream
310	Yorkley
311	Alvington
312	Bream
313	Whitecroft
314	Parkend
315	Pillowell
316	Yorkley
317	GL15
318	Yorkley
319	Bream
320	Yorkley
321	Lydney (originally from Parkend)
322	Bream
323	Bream
324	Bream
325	Lydbrook
326	Pillowell
327	Lydney
328	Lydney
329	Broadwell
330	GL15 4SG
331	GL15 6EE
332	Coleford.
333	Coleford
334	GL15 4RD
335	Bream
336	Yorkley
337	Lydney
338	Lydney/Yorkley

Please provide your postal town or village, e.g. Yorkley, Bream, Coleford, etc.	
339	Gl156fb
340	Viney Hill
341	Whitecroft
342	GL16 7 JG
343	Bream
344	Aylburton
345	Lydney
346	Bream
347	Lydney gl15 5ex
348	Coleford.
349	Coleford
350	Bream
351	Hewelsfield
352	GL15 4SA
353	Bream
354	Bream
355	Viney Woodside (on border of Viney Hill/ Blakeney)
356	Whitecroft
357	Yorkley
358	Lydney
359	Lydney
360	Bream
361	Yorkley
362	Whitecroft
363	Oldcroft
364	Bream
365	Pillowel, near yorkley
366	Bream
367	Yorkley
368	Yorkley
369	Soudley
370	Yorkley
371	Bream
372	SLING
373	GH154sy
374	Lydney
375	Yorkley

Please provide your postal town or village, e.g. Yorkley, Bream, Coleford, etc.

376	Cinderford
377	Bream
378	GL15 4SD
379	Sling
380	Yorklry
381	Lydney
382	GL15 6AW
383	Yorkley
384	Coleford
385	Yorkley
386	Coleford
387	Lydney
388	Viney Hill
389	Yorkley
390	Parkend
391	GL156ND
392	Oldcroft
393	Bream
394	Upper Common, Aylburton
395	GL15 5JU
396	Bream
397	Bream
398	Lydney
399	GL15 4BX
400	Bream
401	Yorkley
402	Whitecroft
403	Bream
404	GL156JH
405	Yorkley
406	YORKLEY
407	Milkwall
408	Bream
409	GL15 4HB
410	Bream
411	Yorkley
412	Bream

Please provide your postal town or village, e.g. Yorkley, Bream, Coleford, etc.	
413	Bream
414	Bream
415	Yorkley
416	Bream
417	Lydney
418	Coleford
419	Bream
420	Parkend
421	Yorkley
422	Lydney
423	Viney Hill
424	Lydney
425	Viney Hill
426	Coleford
427	Bream
428	Bream
429	Yorkley
430	Bream
431	Lydney
432	Bream
433	Yorkley
434	Bream
435	Berry Hill
436	Berry Hill
437	Lydney
438	Pillowell
439	GL155FX
440	Bream
441	Parkend
442	Lydney
443	Yorkley
444	Lydney
445	Yorkley
446	Bream
447	Pillowell
448	Pillowell
449	Oldcroft

Please provide your postal town or village, e.g. Yorkley, Bream, Coleford, etc.

450	Parkend
451	Yorkley
452	Yorkley
453	Yorkley
454	Lydney
455	Cinderford
456	Yorkley
457	Bream
458	Yorkley
459	Bream
460	Bream
461	Bream
462	Bream
463	GL15 4rt
464	Lydney
465	Whitecroft
466	Coleford
467	Yorkley
468	Coleford
469	Yorkley
470	Lydney
471	Parkend
472	Bream
473	GL15 4BQ
474	Lydney
475	viney hill
476	Yorkley
477	Bream
478	Whitecroft
479	GL15 6NG
480	Berryhill
481	Bream
482	Parkend
483	Viney Hill
484	bream
485	Lydney
486	Viney Hill

Please provide your postal town or village, e.g. Yorkley, Bream, Coleford, etc.	
487	Aylburton
488	Yorkley
489	lydney
490	Whitecroft
491	Whitecroft
492	Coleford
493	Pillowell
494	Parkend
495	GL15 6ES
496	Bream
497	G1168EN
498	Bream
499	Bream
500	Aylburton
501	Bream
502	Coleford
503	Bream
504	GL16 8DN
505	Whitecroft
506	COLEFORD
507	Viney Hill
508	Whitecroft
509	BREAM
510	Yorkley
511	Pillowell
512	Parkend
513	Coleford
514	Yorkley
515	Yorkley
516	Yorkley
517	GL16
518	Lydney
519	Sling
520	Coalway
521	Yorkley
522	Broadwell
523	Yorkley

Please provide your postal town or village, e.g. Yorkley, Bream, Coleford, etc.

524	Gl167le
525	Lydney
526	Bream
527	Lydney (formerly Pillowell)
528	Lydney
529	Parkend
530	Coleford
531	Coleford
532	Yorkley
533	Bream
534	BREAM
535	Coleford
536	Yorkley
537	Oldcroft
538	Yorkley
539	Sling
540	Sling
541	Coleford
542	Yorkley
543	Pillowell
544	Clements End
545	Sling
546	Parkend
547	Bream
548	Berry Hill
549	Sling
550	Pillowell
551	Viney Hill
552	Lydney
553	Lydney
554	Yorkley
555	Yorkley
556	Yorkley
557	Yorkley
558	Bream
559	Lydney
560	Bream



Agenda Item 8

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Part 1
 Thursday 3rd August 2023

Report Title	Application from White House Surgery (L84072) to close the Branch Surgery at Blockley.			
Purpose (X)	For Information	For Discussion	For Decision	
			X	
Route to this meeting	On receipt of the application neighbouring practices were invited to send in their comments with regard to the potential closure.			
	ICB Internal	Date	System Partner	Date
	PCOG	11.07.23		
Executive Summary	An application to close White House Surgery Branch Surgery at Blockley has been received. The practice has advised that they would have significant staffing challenges if they had to provide services across two locations and that the permanent closure of the Branch Surgery at Blockley will increase the practice's resilience and sustainability.			
Key Issues to note	Patients have not been seen at Blockley Branch Surgery since the beginning of the Covid Pandemic in March 2020, and patients have attended the main surgery in Moreton in Marsh for all their appointments.			
Key Risks: Original Risk (CxL) & Residual Risk (CxL)				
Management of Conflicts of Interest	No known conflicts of interest.			
Resource Impact (X)	Financial	X	Information Management & Technology	
	Human Resource		Buildings	X
Financial Impact	Closure of the branch surgery will result in a small saving (see table below) but this factor is not a consideration in the decision.			
	Reimbursable Item		£ Per Annum	
	Rent, Rates & Water		Approx. £23,250	
Regulatory and Legal Issues (including NHS Constitution)	<p>Gloucestershire Integrated Care Board (ICB) needs to act within the terms of the Delegation Agreement with NHS England dated 26th March 2015 for undertaking the functions relating to Primary Care Medical Services.</p> <p>A branch surgery closure represents a variation to a practice's GMS contract and therefore requires agreement by the ICB under delegated commissioning arrangements.</p>			

Impact on Health Inequalities	<p>Assessed as low impact. White House Surgery and its branch at Blockley are located in an area with the second lowest level of deprivation.</p> <p>Although the closure of the branch surgery will contribute to a reduction of access and patient choice, since the Covid Pandemic patients have attended the main surgery in Moreton in Marsh for all their appointments.</p>		
Impact on Equality and Diversity	<p>Assessed as low impact, as patients will continue to have access to services at the main surgery or can choose to register with another local practice. Potential alternative practices are Chipping Campden Surgery, Cotswold Medical Practice, Mann Cottage Surgery and Stow Surgery.</p>		
Impact on Sustainable Development	<p>Closure of a branch surgery supports the reduction of the carbon footprint of the practice, by reducing the travel undertaken by the medical staff.</p>		
Patient and Public Involvement	<p>The practice has undertaken a patient consultation questionnaire. Details are within the main paper, with patients broadly supporting the practice's application, albeit with a few concerns regarding dispensing which the practice has addressed.</p>		
Recommendation	<p>PC&DC is requested to</p> <ul style="list-style-type: none"> • Review the application and supporting information • Note the recommendation from PCOG to close the branch surgery at Blockley • Make a discission as to whether the application should be approved or declined. 		
Author	Jeanette Giles	Role Title	Head of Primary Care Contracting
Sponsoring Director (if not author)	Helen Goodey, Director of Primary Care and Place		

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
ICB	Integrated Care Board
PCN	Primary Care Network
PPG	Patient Participation Group
GMS	General Medical Service
GP	General Practitioner
LMC	Local Medical Committee

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Part 1
Thursday 3rd August 2023

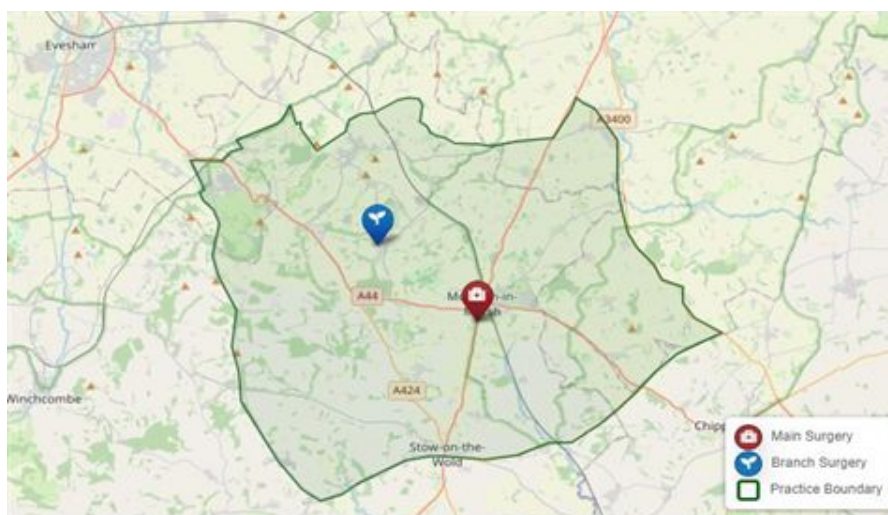
Application from White House Surgery (L84072) to close the Branch Surgery at Blockley

1. Introduction

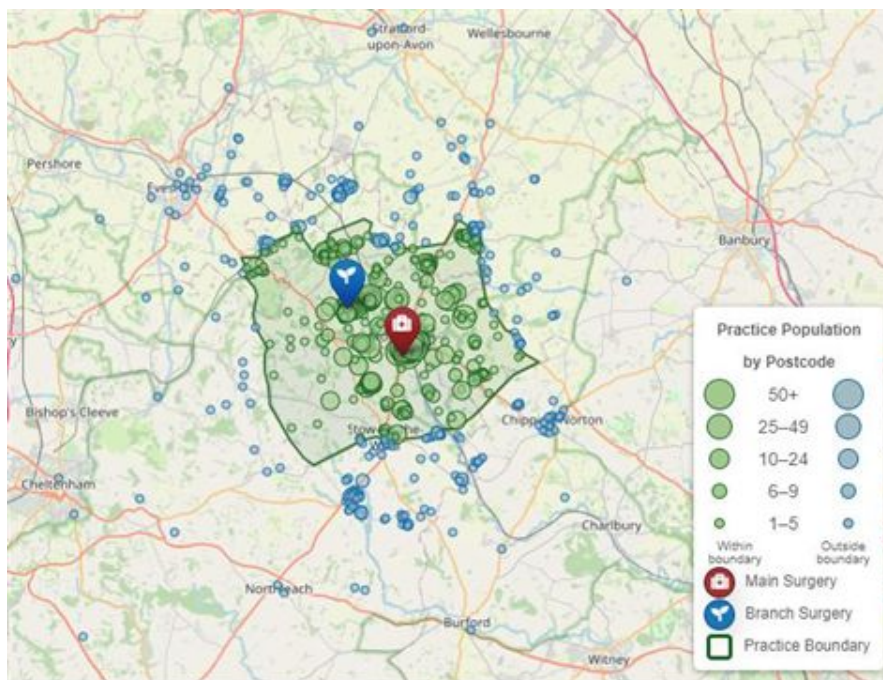
- 1.1 Gloucestershire's Primary Care Strategy supports the vision for a safe, sustainable and high-quality primary care service, provided in modern premises that are fit for purpose.
- 1.2 White House Surgery holds a GMS contract with a list size of 5,078. Its main site is in Moreton in March (Four Shires Medical Centre, Stow Road, Moreton in Marsh, GL56 0DS) and there is a branch surgery at Blockley (The Surgery, Greenway, Blockley, Moreton in March, GL56 9BJ).

2. Proposal for the closure of Blockley Branch Surgery

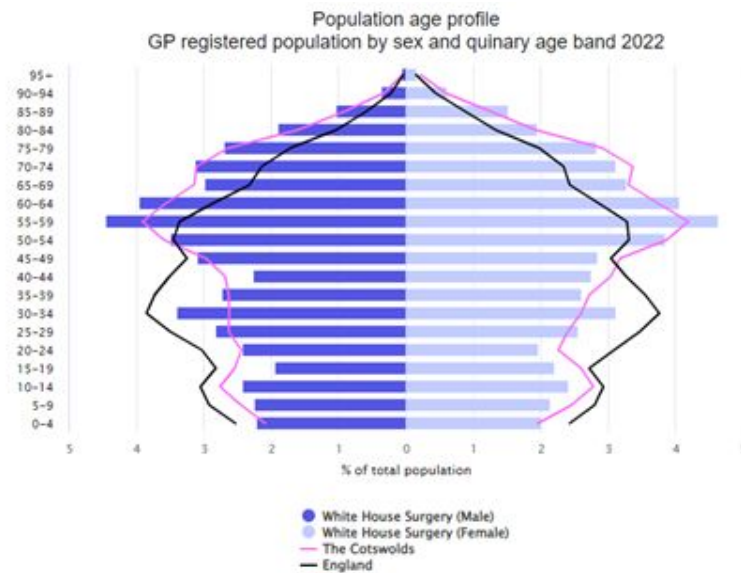
- 2.1 Gloucestershire ICB has received a branch closure application (Appendix 1) and patient engagement feedback (Appendix 2) from White House Surgery.
- 2.2 The location of the premises is shown on the map below.



2.3 The patient spread in relation to the premises is shown below.



2.4 The practice patient age distribution is shown below:

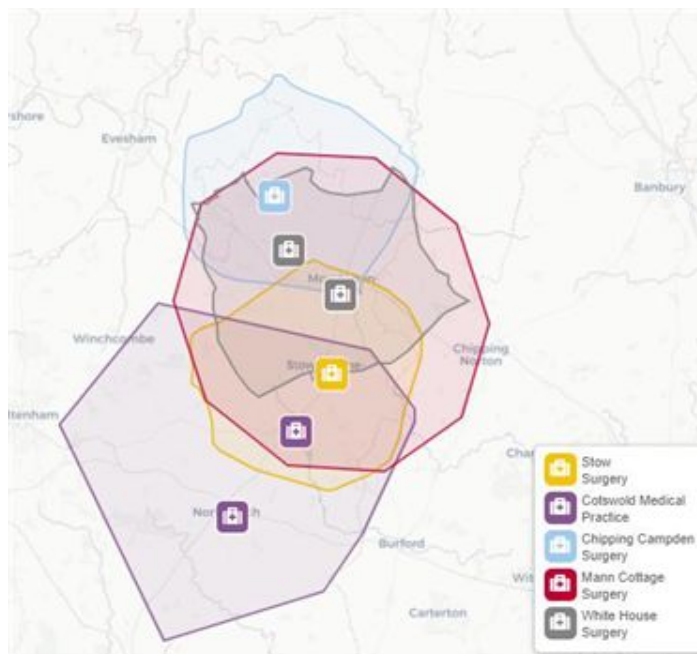


2.5 the Practice have stated the age profile of patients living in the Blockley area is similar to the practice population age distribution.

3. Alternative local provision

3.1 There are a number of GP practices within the area which patients could register with if they choose to seek an alternative (and they live within the practice's boundary), these are detailed below:

- Chipping Campden Surgery L84043
- Cotswold Medical Practice L84038
- Mann Cottage Surgery L84068
- Stow Surgery L84031.



3.2 An analysis of the alternative practice's performance in relation to CQC rating, QOF, availability of male and female GPs, national patient survey, and workforce can be found in Appendix 3.

4. Practice Engagement

4.1 The Practice conducted a six-week engagement exercise (see Appendix 2) during which a questionnaire was offered to all patients attending the Moreton Surgery (which currently includes Blockley patients). 35 returns were received, which included Blockley residents (20%) plus other surrounding villages as well as Moreton patients.

4.2 The main concern that came out of the questionnaire was access to dispensing services, with 65% respondents commenting that being able to conveniently obtain their medications is very important to them. The practice has confirmed that they will

provide a service to those unable to collect from Moreton and the patients can choose to have this from another NHS prescription delivery provider.

- 4.3 50% of the responses commented that they understood the reasons for the proposed closure of the rooms and there were no 'no' responses to this question.

12% of the responses were positive about centralising services and the rest were non respondents.

In response to the question about traveling to the surgery:

- 75% of respondents were drivers who accessed services by driving themselves,
- 10% of respondents were driven to services
- 3 % (1 patient) mentioned that they walked to Blockley surgery.

The other feedback that they received was:

- one response criticising Lloyds medication delivery service
- one response asking for the provision of a Mental Health Nurse at Moreton
- one response criticising the structural properties of the Blockley consulting rooms building/site
- one response expressed concerns if in the future the Blockley bus service was stopped.
- three responses were positive about parking/car access at Moreton.

- 4.4 The practice has confirmed that their Patient Participation Group have not expressed any concerns with the proposal.

5. ICB engagement for the application to close the branch surgery at Blockley

- 5.1 As per the Standard Operating Procedure (SOP) the practice discussed its intention to close its branch surgery with the ICB.

- 5.2 On receipt of the application, Gloucestershire ICB has engaged with:

- Neighbouring Gloucestershire practices (4 practices)

- Healthwatch Gloucestershire
- NHS England
- The Local Medical Committee (LMC)
- Gloucestershire Health and Care Overview and Scrutiny Committee (HOSC)
- Gloucestershire Health and Wellbeing Board (HWB).

5.3 The responses received are listed below:

Chipping Campden Surgery

"We fully support this application."

Stow Surgery

"We have no objection to this at Stow Surgery."

Healthwatch Gloucestershire

"Thanks for forwarding to HWG. The letter mentions that 'since the Covid Pandemic, patients have attended the main surgery in Moreton in Marsh for all of their appointments.

From a Healthwatch point of view I would want to ensure that the following is considered:

Were the patients under the impression that the Blockley site was going to re-open at some point? Ie although all patients are attending the main surgery, is this because of an expectation that it was only going to be a short-term measure?

Is there going to be any potential impact on patients, both existing and new, now that this is for the long term, and will they be supported to choose to go elsewhere if they want to?"

The Practice provided a response to the effect that information had been provided to patients at the time of the closure stating closure was a consequence of infection control restrictions due to the Covid pandemic. Whilst patient expectations were possibly that the Blockley branch would have reopened after the covid pandemic, it has now been closed for three years and expectations are likely to have evolved over that time.

LMC

“Thank you for sharing. We do have a few questions:

- In what way is the branch surgery not fit for purpose?*
- Was it still being used daily for appointments up to Covid? The website suggests appointments available 4 days per week between 9-13:00*
- What was the response to the patient survey in relation to the proposed closure?*
- Has the surgery Patient Participation Group expressed any concerns?”*

The practice provided the following response:

‘The precipitating reason is that the building has proved to be too small for adequate infection control measures - this was brought out by the recent pandemic, but it is generally relevant to patients with infections being crowded together in a small space. The corridor is c 90cm wide, there is a small hall by the registration hatch where people have to queue to check in and collect prescriptions, the waiting room is c.8ft x 12ft, the ceilings are all low. The Infection Control Officer when she came to inspect said there is nothing you can do here to make it compliant; compared to the new main surgery with wide corridors, high ceilings and easy vigorous ventilation - there will always be a risk of cross infection in this building. This makes it irresponsible to use and also puts it at risk of being closed again if there is another pandemic or similar event - which puts staffing it at risk as to keep it open we have to employ 2 extra staff, on contracts who are supernumerary when it is closed.

The building sits up a steep bank and driveway, the entrance door is narrow (90cm) and cannot be enlarged without re-modelling and extending the whole downstairs footprint as it would involve removing the downstairs WC. The front door also has a high threshold - 4-6 inches which cannot be ramped without encroaching on the limited parking/turning area. As a result of these factors, it is not wheelchair accessible and indeed patients on sticks also struggle to ascend the bank. Putting in a large outside wheelchair ramp has been looked at even given the building limitations but the site is too narrow to accommodate one. This absence of disabled access is therefore permanent as is the very limited parking for 2-3 cars before it has to spill over to roadside parking on a small lane.

Working patterns have changed - 30% telephone consultations has reduced the need for physical patient space across the practice. Recruiting patterns mean that we now work with more 'paramedics', nurse prescribers, clinical pharmacists and fewer doctors leading to a more pyramidal structure whereby often these additional staff will ask a doctor to see a patient they don't feel they can cope with whom they are seeing and this only can happen when you are co-located as in the new main surgery - Lone working as the branch surgery entails is inefficient. Recruiting problems also mean it is problematic even finding an additional dispenser to staff the branch surgery particularly given the risk as outlined above.'

'The branch site was being used prior to Covid as per the times noted but the silly situation was that as doctors were rotated out to Blockley you frequently had Moreton patients driving to the branch surgery to see the doctor who was managing their case and vice versa.'

'The main issue arising from the patient survey was patients being concerned about being able to access their regular medications - this has been addressed by the presence of postal delivery service for these. A number of the responses were understanding about closing the building.'

'The Patient Participation Group have not expressed any concerns.'

The practice's response has been shared with the LMC who have responded to say they have no concerns regarding the closure of the branch surgery.

6. Quality and Sustainability Impact Assessment

6.1 In accordance with the SOP, the ICB's Quality team undertook a Quality and Sustainability Impact Assessment in regard to the application to close Branch Surgery. They noted the following:

- The branch surgery had been closed since the beginning of the covid pandemic and no impact on patient safety has been identified in the supporting information.

- The proposal should not impact negatively on evidence based practice, clinical leadership, clinical engagement and/or high quality standards. The quality and standard of the medical services provided and delivered by the practice at the main surgery will be consistent.
- Closure of the branch surgery will contribute to a reduction of access and patient choice to residents of Blockley, however, this branch has been closed since the beginning of the covid pandemic and patients are able to access services via the main surgery.
- There should be no effect on the provision of safeguarding to both adults and children.
- A patient questionnaire and various routes of engagement have been undertaken by the practice to obtain patient views regarding the closure of the Blockley branch and the responses evaluated. The main concern highlighted appears to centre on access to dispensing services.

7. **PCOG Discussion**

- 7.1 The application to close Blockley was discussed at the PCOG meeting held on 11.7.23. The meeting noted that the branch surgery was provided from a converted house and did not meet infection control standards. Declan McLaughlin also commented that any major change would not be cost effective and that whilst alternative sites in Blockley had previously been considered nothing suitable had been located.
- 7.2 Whilst it was noted that the practice does not have an active PPG the practice had sent out a patient questionnaire.
- 7.3 PCOG's decision was to recommend the closure of the branch surgery at Blockley.

8. **Summary**

- 8.1 The branch surgery had been closed as a temporary measure since the covid pandemic, however the practice feels that the premises are not fit for purpose. The practice have particularly noted that the building is too small to be safe, does not meet infection control standards and that access is not suitable.

- 8.2 Patients are accustomed to travelling to the main practice site to access all their appointments including nursing, additional and enhanced services.
- 8.3 The practice has advised that they would have significant staffing challenges if they had to provide services across two locations. The permanent closure of the Branch Surgery at Blockley will increase the practice's resilience and sustainability.
- 8.4 The practice have taken on board the main issue of concern which was the dispensing of medication. Whilst noting there is a choice of independent pharmacies available, they have addressed this issue by introducing a postal delivery service.
- 8.5 With the exception of this application there are no list closure, merger, or other branch surgery closure applications from practices in this area of Gloucestershire.
- 8.6 For those patients who wish to access GP services at an alternative practice, options are available for them to register at alternative surgeries (see para. 3.1).

9. Recommendation

- 9.1 The Committee is requested to
- Review the application and supporting information
 - Note the recommendation from PCOG to close the branch surgery at Blockley
 - Make a discission as to whether the application should be approved or declined.

Appendix 1 - branch closure application form



Application
form.pdf

Appendix 2a and 2b – Practice patient engagement



Patient survey
template.docx



Closure Blockley
Consulting rooms q

Appendix 3 - Analysis of alternative practices' performance in relation to CQC rating, QOF, availability of male and female GPs, national patient survey, and workforce



Agenda item 8
appndix 3.xlsx

Annex 1: Example application form for branch closure

Practice name and stamp:

THE WHITE HOUSE SURGERY
FOUR SHIRES MEDICAL CENTRE
MORETON-IN-MARSH
GLOS. GL56 0DS
01608 650317

Please complete the following:

1) Details of branch surgery address proposed for closure:

BLOCKLEY CONSULTING ROOMS BRANCH
GREENWAY ROAD
BLOCKLEY
GL56 9BJ.

2) Do you have premises approval to dispense from the branch surgery? Yes No

a. If yes, how many patients do you currently dispense to?

3) Do you have premises approval to dispense from any other premises? Yes No

a. If no, do you intend to give three months' notice of ceasing to dispense as required by NHS Pharmaceutical Services Regulations 2012 schedule 6 para 10 as amended?

Yes/No

4) How have you consulted with your patients regarding this proposal and how will you be communicating the actual change to patients, ensuring that patient choice is provided throughout, should the ICB approve this variation?

Yes patient questionnaire
local magazine article
in surgery questionnaire
website social media

[Empty rectangular box]

5) Please provide a summary of the consultation feedback and confirm that you will supply evidence of this consultation should it be requested.

① Patient questionnaire - only problem was access to regular drug prescriptions, we will provide a delivery system to replace this. Prescriptions not an issue any more.

6) Please provide as much detail as possible about how this proposed closure will impact on your current registered patients, including:

- access to the main surgery site i.e. public transport, ease of access;
- capacity at main surgery site;
- booking appointments;
- additional and enhanced services;
- opening hours;
- extended hours; and
- dispensing services (if applicable).

local bus to main surgery (Hedgheca)
 Main bus stop outside surgery (A429).
 larger site of main surgery
 easy / large / free parking main surgery
 all staff inc CP/SP/HCA/PN/microbiologist
 full time at main surgery.
 full time dispensary main surgery.
 EA at main surgery.
 Reception 8am - 6.30pm @ main surgery
 disabled access / parking / facilities @
 main surgery.

all equipment - crash trolley / ECG / complete team of staff & drugs at main surgery - no one working

7) From which date do you wish the branch closure to take effect?

already closed due to covid pandemic

Note: Where an application to close premises is granted by the ICB, the contractor shall remain fully responsible for cessation or assignment of the lease for any rented premises and any disposal of owner-occupied premises. In both cases, payments under the premises directions will cease from the day of closure.

Please note that this application does not concern any obligation on NHS Gloucestershire ICB to agree to this request.

To be signed by all parties to the contract

* Signed: [Signature]

Print: DR M. R. DRAPER 2506924

Date: 27 April 2023

Signed: [Signature]

Print: DR C MORTON 2690286

Date: 10.5.23

Signed:

Print

Date:

Signed:

Print

Date:

Please continue on a separate sheet if necessary

Please return by email to: glicb.primarycare@nhs.net

Or

Primary Care and Place Directorate, NHS Gloucestershire ICB, Sanger House, 5220
Valiant Court, Gloucester Business Park, Brockworth, Gloucester, GL3 4FE.

THE WHITE HOUSE SURGERY

Dr.C.C.Morton, Dr.M.R.Draper

Dr.M.Emes (Salaried GP)

FOUR SHIRES MEDICAL CENTRE, STOW ROAD,
MORETON-IN-MARSH, GLOUCESTERSHIRE GL56 0DS

TEL: 01608 650317

e-mail: whitehousesecretary@nhs.net

www.whitehousesurgery.co.uk

Proposed change to service location - Patient Survey

We want to hear your views - please respond by 31st December 2022

You can also find a copy of this questionnaire on our website, [The White House Surgery](#)

We are asking NHS Gloucestershire Integrated Care Board to consider proposals to withdraw all services from the Greenway building as we want our patients to have care in accessible, modern facilities.

We know that this will cause anxiety for some of our patients who have relied on this local service. We outline in our longer document (attached) the reasons why we feel it is necessary to do this. We have thought long and hard over several years about this, and the recent COVID pandemic meant that we could not see patients in the clinical space the Greenway building provides.

We want to reassure all our patients that they will still remain registered with us and that they are valued and respected.

We are now engaging on how to give all our patients the best high quality service we can provide and would like you to complete the following questionnaire to help us achieve this.

The information you provide is anonymous, will be treated confidentially and stored securely. The feedback you provide will only be used to inform decisions about the future location of services.

I am a registered patient with The White House Surgery

Yes

No

I am registered for dispensary services at The White House Surgery

Yes

No

Please provide your postal town or village

Prior to the COVID pandemic where did you normally choose to go for your face to face appointments?

Moreton

No preference

Blockley

I am housebound

Thinking about the 12 months prior to the COVID pandemic, how often did you have appointments in the year

	0 times	1-3 times	4-6 times	7-12 times	More than 12 times
At Moreton surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At Blockley surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How would you normally travel to Blockley surgery? (Please tick one box only)

Walk

Private taxi

Public transport

Volunteer driver service

Driven by family or friend(s)

Drive myself

Cycle

I am housebound

If Blockley Consulting Rooms were to close, how would you travel to Moreton Surgery? (Please tick one box only)

Walk

Private taxi

Public transport

Volunteer driver service

Driven by family or friend(s)

Drive myself

Cycle

I am housebound

How important is the provision of a dispensary service to you?

Very important

Important

Unimportant

Not relevant

Please tell us what is important to you about a dispensary service

Thinking about all services being provided from Moreton Surgery, how important are the following to you?

	Very important	Important	Unimportant	Not relevant
Accessible location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good patient parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sustainability of the building, e.g. green energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended opening hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Better choice of appointment times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Services, e.g. counselling, physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Better mix of male and female GPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Familiarity of staff - GPs, Nurses, Receptionists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us of any other services you would like to see at Moreton Surgery

Please tell us what you think about our plans to centralise services. We really want your feedback, whether positive or negative. If you think our plans could have a negative impact on you, how should we try to limit this?

Having read the information:

	Yes	No
I understand the Practice’s reasons for proposing to move services from Blockley to Moreton	<input type="checkbox"/>	<input type="checkbox"/>

As our proposal develops, we will continue to provide information via the Practice website. Please use the space below to ask any questions you have, which will be anonymised and responded to on the website.

About you – optional

To help us ensure that we have received the views of a wide range of patients we would be grateful if you would answer the questions below:..

Which age group are you:

- | | | |
|-----------------------------------|--------------------------------|--|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 36-45 | <input type="checkbox"/> 66-75 |
| <input type="checkbox"/> 18-25 | <input type="checkbox"/> 46-55 | <input type="checkbox"/> Over 75 |
| <input type="checkbox"/> 26-35 | <input type="checkbox"/> 56-65 | <input type="checkbox"/> Prefer not to say |

Do you consider yourself to have a disability? (Tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Hearing impairment |
| <input type="checkbox"/> Mental health problem | <input type="checkbox"/> Long term condition |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Learning difficulties | <input type="checkbox"/> Prefer not to say |

Which best describes your ethnicity?



White British



Black or Black British



White Other



Chinese



Asian or Asian British



Mixed



Prefer not to say



Other (please specify):

Thank you for taking the time to give us your feedback. It is really appreciated.

Please return your completed survey to reception:

Re: Closure Blockley Consulting rooms questionnaire, sent to us by Dr Morton (email dated 20.02.2023)

We have now completed a round of surgery questionnaires over the last 6 weeks; we used the template you provided with the relevant local details inserted.

It was offered to consecutive patients from the practice attending the main Moreton Surgery which currently includes all patients on our list. We have received c 35 returns.

I have looked at them and done some analysis- some is hard and some more a soft interpretation.- Points would be:

- It includes c 20% Blockley residents, thereafter a good cross section from the other surrounding villages and Moreton.
- The main concern is access to dispensing services, some 65% respondents commenting that being able to conveniently obtain their medications is very important to them.
- Some 50% clearly commented that they understood the reasons for the proposed closure of the rooms.- there were no 'no' responses to this question.
- 12% were positive about centralising services - the rest were non respondents
- 75% of respondents were drivers who accessed services by driving themselves
- 10% of respondents were driven to services
- 3 % (1 patient) mentioned that they walked to Blockley surgery
- There was one response criticising Lloyds medication delivery service
- One response asking for the provision of a Mental Health Nurse at Moreton
- One response criticising the structural properties of the Blockley consulting rooms building/site and 3 being positive about parking/car access at Moreton.
- One response expressed concerns about what if the Blockley bus service was stopped.

Attach is a sample of the form given out.

My observation is that we haven't picked up any serious objections to removing consulting services at all - the main issue is the dispensing service; there are now a choice of independent pharmacies offering this to varying quality but it would seem if the practice offered a delivery/postal service of reliability this would assuage most concerns.

Tab 8 Application to close Whitehouse Practice Branch Surgery at Blockley

Practice	White House Surgery	Slow Surgery	Cotswold Medical Practice	Chipping Campden Surgery	Marrs Cottage Surgery
QDS codes	L84072	L84031	L84038	L84043	L84038
PCN	North Cotswold PCN	North Cotswold PCN	North Cotswold PCN	North Cotswold PCN	North Cotswold PCN
Total Patients as of 1 Oct 2023	9,078	9,729	11,929	9,109	6,328
CQC Overall rating	Good	Good	Good	Good	Good
CQC No. of requires improvement	0	0	0	0	0
QIP 2022-23 ICB average of 554.3/635 points	Higher than CCG average	Higher than CCG average	Higher than CCG average	Higher than CCG average	Higher than CCG average
Male & Female GPs	Yes	Yes	Yes	Yes	Yes
Patient Survey - Generally, how easy is it to get through to someone at your GP surgery on the phone? Easy (July 2022)	Above National average	Above National average	Above National average	Above National average	Above National average
Patient Survey - Were you satisfied with the appointment (or appointments) you were offered? Percentage who said yes (July 2022)	Above National average	Above National average	Above National average	Above National average	Above National average
Patient Survey - Overall, how would you describe your experience of making an appointment? Percentage of who said good (July 2022)	Above National average	Above National average	Above National average	Above National average	Above National average
Patient Survey - Overall, how would you describe your experience of your GP practice? Percentage of who said good (July 2022)	Above National average	Above National average	Above National average	Above National average	Above National average
Total GP HC	3.00	6.00	8.00	4.00	7.00
Total GP FTE	3.00	3.71	5.71	3.49	5.35
FTE Per 1,000 patients	0.59	0.65	0.49	0.67	1.00
LW - Total Nurses HC	2.00	3.00	6.00	4.00	3.00
Total Nurses FTE	1.36	2.48	4.41	1.52	2.35
FTE Per 1,000 patients	0.27	0.43	0.38	0.29	0.44
Total DPC HC	7.00	5.00	12.00	5.00	5.00
Total DPC FTE	4.13	3.59	7.71	2.44	4.05
FTE Per 1,000 patients	0.81	0.64	0.67	0.47	0.76
Total Admin HC	10.00	12.00	20.00	14.00	15.00
Total Admin FTE	6.63	9.59	18.19	6.50	12.14
FTE Per 1,000 patients	1.30	1.67	1.57	1.25	2.27



Agenda Item 9

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Part 1
 Thursday 3rd August 2023

Report Title	PCN Quality Improvement Projects 2023/24			
Purpose	For Information		For Discussion	For Decision
	X			
Route to this meeting				
	ICB Internal	Date	System Partner	Date
	PCOG	11 July 23		
Purpose	This report provides details of the PCN Quality Improvement (QI) Projects approval process and outlines key emerging themes from PCNs proposals that have been submitted to date.			
Summary of key issues	Ensure appropriate governance for QI funding to make effective use of funding and to make a difference to PCNs patient populations.			
Key Risks:				
Management of Conflicts of Interest	None			
Resource Impact	Financial	x	Information Management & Technology	
	Human Resource		Buildings	
Financial Impact	Funding allocation has already been agreed and distributed to PCNs			
Regulatory and Legal Issues (including NHS Constitution)	None			
Impact on Health Inequalities	The PCN QI projects are developed using a PHM approach to identify areas of specific needs of their populations, considering any health inequalities.			
Impact on Equality and Diversity				
Impact on Sustainable Development				
Patient and Public Involvement				
Recommendation	Following PCOG recommendation PCDC is asked to confirm approval of the governance process for PCN QI Bids.			
Author	Jo White	Role Title	Deputy Director of Primary Care and Place	
Sponsoring Director	Director of Primary Care and Place			

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
ICB	Integrated Care Board
PCN	Primary Care Network
PHM	Population Health Management
ILP	Integrated Locality Partnership
GMS	General Medical Service
GP	General Practitioner
QI	Quality Improvement
BI	Business Intelligence
CPG	Clinical Programme Group



NHS Gloucestershire Primary Care & Direct Commissioning Committee, Part 1

Thursday 3rd August 2023

PCN Quality Improvement Projects 2023/24

1. Introduction

- 1.1. PCNs are delivering targeted Quality Improvement (QI) initiatives to improve the health and care for their patients, providing opportunities to improve ways of working, creating a more efficient and resilient system. The demand in primary care has been rising, which has been exacerbated by the COVID-19 pandemic.
- 1.2. It is essential that GP practices are given additional opportunities to work together as PCNs to understand and manage this demand and enable collaboration across partners and communities, to benefit the health needs of their populations and support the ICS vision. These PCN Quality Improvement Initiatives are funded locally by the ICB.
- 1.3. This report provides details of the 2023/24 PCN QI Projects approval process and progress to date.

2. Background

- 2.1. In March 2021 and March 2022 PCNs received (non-recurrently) £1.6 and £1 million respectively to support QI initiatives. Further funding for 2023/24 has been committed by the ICB at £950k equating to c.£1.41 per weighted patient as at Jan 2022 to support PCNs furthering these initiatives.
- 2.2. A review of PCNs projects for 2021-2023 has taken place to help understand progress to date for PCNs of their previous/current QI Projects. This has allowed PCNs to undertake a stocktake and review how they would like to progress with the QI projects for 2023/24, noting that there is a narrower funding criteria, as described below.

3. Funding use remit

- 3.1. The Criteria given to PCNs for the use of the 2023/23 QI Funding is as follows:

QI initiatives PCNs should use Population Health Management methodology and health inequalities information to prioritise projects within the following areas:

- *Chronic Disease (i.e. Respiratory, Diabetes)*
- *Mental Health (adults and Young People)*

- *Frailty and Dementia (incl. palliative care)*
- *Linked to ICP Priorities (e.g. Hypertension and reducing smoking)*

- 3.2.** PCNs were advised that Projects should have clearly defined outcomes to support improving their populations health and wellbeing. The ICB Business Intelligence (BI) Team compiled a document to support PCNs with establishing data sources and a BI Data request form for the purposes of evaluation.
- 3.3.** PCNs have been encouraged to liaise with their respective ILP to support the development of their QI proposals.

4. Process for QI projects

4.1. The following governance process has been agreed by PCOG:

1. March 2023: funding paid to PCNs at £1.41 per weighted patient (as at Jan 22).
2. The ICB PCN Team have shared criteria and proposal templates with PCNs.
3. PCNs to submit proposal by 7th July (*this date was extended to allow PCNs an opportunity to reflect on discussions about the QI Projects at the PCN Away day on 22nd June 23*)
4. PCN Team to initially review PCNs proposals
5. Proposals to be discussed at monthly internal ICB PCN planning meeting (13th July)
6. As required, liaise with relevant ICB leads (i.e. CPG lead), to comment on project proposals and identify any duplication of funding etc.,
7. Follow up with PCN regarding additional clarification questions, as required.
8. Take proposals to ICB Operational Executive for approval. (tbc – w/c 24th July)
9. Proposals to be taken to PCOG for information and oversight.
10. Proposals to be taken to PCDC for information and oversight.
11. Finalise each PCNs Memorandum of Understanding and share for PCN Clinical Director Signature. PCNs are not to spend funding until MOU has been signed.
12. PCNs to deliver QI projects, providing periodic reporting of progress and outcomes to ICB PCN Team and via ILPs.

4.2. Following the ICB Operational Executive Meeting on the 24th July, there is a request from Executives to liaise with ICB Commissioning Leads to understand and demonstrate the ‘golden threads’ of how the projects link to wider strategic visions and current work that is taking place across the County. PCNs QI Project Proposals received to date have been shared with the relevant ICB Commissioning Leads for their awareness and input to understand the wider context.

5. Summary of QI Themes

5.1. 14 out of 15 PCNs Project Proposals have been submitted to the ICB as part of the process above. There are several emerging themes to date. These themes are:

Theme	Summary
-------	---------

Frailty/proactive care	8 PCNs have shared proposals which have a theme of frailty. This includes Cheltenham PCNs who have submitted frailty projects, which are supported by the Virtual Whiteboard.
Young Peoples Mental Health	The 3 PCNs in Stroud and Berkeley Vale locality have all shared proposals regarding Young Peoples Mental Health, following the success of 2 of the PCNs implementing this previously utilising QI funding. This includes mentoring and counselling provision within the Practice
Chronic Disease management	Diabetes and hypertension are key priorities for the ICB, and many PCNs have chosen to focus on these areas, to improve patient engagement and care.

- 5.2. Following Operational Executive approval, summaries of the PCN QI projects will be shared with PCOG and PC&DC for information. Updates against delivery and expected outcomes will also be shared with PCOG and PCDC when they become available.

6. Recommendation

- 6.1 Following PCOG recommendation PCDC is asked to confirm approval of the governance process for PCN QI Bids.



Agenda Item 10

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Part 1
 Thursday 3rd August 2023

Report Title	Delivery plan for recovering access to primary care			
Purpose	For Information		For Discussion	For Decision
	X			
Route to this meeting	PCOG – 11 th July 2023			
	ICB Internal	Date	System Partner	Date
Executive Summary	This report outlines progress on the key requirements for the Delivery plan for recovering access to primary care and PCNs Capacity and Access Improvement Plans.			
Summary of key issues	The recovery programme will require intensive resources in practices, PCNs and the ICB to be successful. It is dependent on practices engaging with the support available It does not properly address the significant issues facing Primary Care in terms of staffing, demand and financial issues.			
Key Risks:	Sufficient funding is not available in the SDF to support the plan Practices are not stable enough to engage Patient expectations increase through this national commitment			
Management of Conflicts of Interest	Any conflicts of interest will be collated and managed in line with the TOR.			
Resource Impact	Financial	x	Information Management & Technology	x
	Human Resource	x	Buildings	x
Financial Impact	The funding is provided by NHSE as part of the SDF.			
Regulatory and Legal Issues (including NHS Constitution)	None apparent			
Impact on Health Inequalities	TBC			
Impact on Equality and Diversity	None apparent			
Impact on Sustainable Development				
Patient and Public Involvement				
Recommendation	PC&DC are asked to note this report			
Author	Jo White	Role Title	Deputy Director of Primary Care and place	

Sponsoring Director	Director of Primary Care and Place
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Glossary of Terms	Explanation or clarification of abbreviations used in the paper
ICB	Integrated Care Board
PCN	Primary Care Network
PPG	Patient Participation Group
GMS	General Medical Service
GP	General Practitioner
LMC	Local Medical Committee
ANP	Advanced Nurse Practitioner

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Part 1

Thursday 3rd August 2023

Delivery Plan for Recovering Access to Primary Care

1. Introduction

- 1.1. This report outlines current progress on the key requirements for the Delivery plan for recovering access to primary care (for ease referred to as 'the Delivery Plan'), System Development Funding (SDF) and PCNs Capacity and Access Improvement Plans (CAIPs).

2. Delivery Plan for Recovering Access in Primary Care

- 2.1. On 9th May 2023 the Delivery Plan for recovering access in primary care was released by NHSE, outlining the plan for Practices and PCNs to support the increase in demand within Primary Care. The plan focuses around four areas:
- Empower Patients
 - Implement 'Modern General Practice Access'
 - Build Capacity
 - Cut Bureaucracy
- 2.2. A project plan has been developed to monitor progress of the requirements and this formed the basis of an assurance return has been shared with NHSE (see Appendix A)
- 2.3. A key element of the Delivery Plan is improving the digital capabilities for patients and practices to implement the 'modern general practice access'. This has to date focused around moving practices on Analogue telephony systems to a digital solution. A list of 15 practices identified as 'critical' for telephony was shared with NHSE by 16th June and we are now awaiting further information on this.
- 2.4. Practices are required to use Advanced Telephony Better Purchasing Framework when selecting telephone system suppliers. There are currently 5 providers on this framework. Practices have access to the NHSE procurement hub to support them with the negotiations with the listed providers in the framework.
- 2.5. As part of the Delivery Plan, NHSE have released a national support offer for practices and PCNs, over two years (2023-2025) to make changes and improvements to how they work. There are three levels of Support; universal, intermediate and intensive. NHSE have shared with us the practices/PCNs that have signed up to the intermediate and intensive programme of support offers so we can also support them locally as required. We have also contacted a number of practices and PCNs, especially those in areas of health inequities, to understand if they wish to take up the offers available.

- 2.6. The Primary Care team are working with the Digital team on a number of the digital areas, some of which are contractual. These include but are not limited to, patient access to prospective records from the 31st October. At this time, we have 12 practices that have switched this on.

The ability for patients to be able to book appropriate appointments online is a requirement. We are aware that 100% of practices have this functionality switched on in their clinical systems and are working to understand the number of actual appointments available to patients to book online.

We are waiting for the Digital Pathway Framework to be released on the digital care services (DCS) catalogue in August to be able to understand what products are available to support practices.

Accurate GPAD mapping is an important element of the recovery plan, we are working with practices and PCNs to ensure awareness of correct mapping where there is significant unmapped appointment data. We have worked with one of our PCNs to produce a training webinar for practices on the appropriate use of GPAD mapping.

3. System Development Funding (SDF)

- 3.1. System Development Funding (SDF) is provided to ICBs each year, as additional funding over and above ICB baselines. For 2023/24 SDF funding is required to be invested in initiatives to support practices and PCNs to deliver high quality care and specifically in delivering the ambitions of the Delivery Plan. The SDF is split into three sections:
- **Transformation:** this was previously split into several themes but has been combined to allow flexibility for ICBs and includes:
 - Local GP retention fund
 - Primary care estates business cases
 - Training hubs
 - Primary care flexible staff pools
 - Practice nurse measures3
 - Practice resilience
 - Transformational support (which included the previous PCN development and digital first primary care funding lines)
 - PCN leadership and development
 - **Workforce Programmes**
 - **GPIT** – Infrastructure and resilience
- 3.2. The SDF document notes that the SDF will be particularly relevant for 2 key actions in the Delivery Plan. These are noted in the table below.

Commitment		Action for ICBs	Reporting	Time due
Modern general practice access	5	Fund or provide local hands-on support to 850 practices nationally (ICBs should work with regions to determine population appropriate share of target) We would expect the level of support to be similar to the national intermediate offer, and offered alongside wider or ongoing support for practices and PCNs where required, using the outputs of the SLF to help guide specific support needs	Report progress into public Oct/Nov 2023 board and public Apr/May 2024 board	31 March 2024
Enablers	1 6	Co-ordinate system comms to support patient understanding of the new ways of working in general practice including digital access, multidisciplinary teams and wider care available. This messaging		Ongoing 2023/24

	should include system specific services and DoS (Directory of local services).		
--	--	--	--

The ICB is in the process of establishing existing commitments to the SDF funding to understand the funding available to support these requirements. Subject to further detailed information awaited from NHSE, a bespoke programme of support will be offered to practices, targeting practices with health inequalities and CORE20+5 along with Support Level Framework conversations and local practice risk mapping (already in place).

4. PCN Capacity and Access Support and Improvement Payment

- 4.1. The 2023/24 Network Contract DES outlined that part of the Investment and Impact Fund, would be repurposed for Capacity and Access. This was split into 2 parts:
- a. National Capacity and Access Support Payment: Monthly payment for the period 1 April 23 to 31 March 24 is calculated as £2.765*PCN's Adjusted Population
 - b. Local Capacity and Access Improvement Payment: PCNs are required to submit an improvement plan to the ICB, funding will be paid on ICBs assessment of improvement in three main areas:
 - Patient experience
 - Ease of access and demand management
 - Accuracy of recording in appointment books

It should be noted this is a new focus for PCNs essentially overseeing what is general practice work and the practices require the funding to be passed through promptly to support delivery unless PCN membership agreement is reached to centralise the work through the PCN.

- 4.2. Local Capacity and Access Improvement Plans (CAIPs) are required to include baseline data for GP Patients Survey (GPPS) for 5 Questions, Friends and Family Test scores, online Consultation data and 2 week appointment data.
- 4.3. The ICB PCN Team have supported PCNs to compile this baseline data, where available and populated a version template and shared with PCNs.
- 4.4. The ICB PCN Team offered PCNs the opportunity to submit a draft plan for initial review/feedback by 30th May. The ICB Received 9 PCNs plans and have provided specific feedback to these PCNs.

Summary of plans submitted to date:

- PCNs have analysed their GPPS and identified where they may not be performing as well or performance has decreased in recent years, and identifying improvement work to support this. i.e. website development, implementing online consultations etc.
- FFT: PCNs are formulating plans on how to support practices to increase the number (i.e. accurx messaging all pts following appts.) Also collating data on a PCN footprint, to have oversight and monitoring at scale.
- Many PCNs are looking to implement local patient surveys in collaboration with PPGs to understand the needs of their populations
- PCNs are engaging PPGs to support with uptake of FFT and surveys.
- Most PCNs are planning reviews of their GPAD mapping to ensure that appts are mapped appropriately (supported by discussions at PCN Away Day).
- Reviewing online consultation mapping was a particular focus for many PCNs.

- 4.5. PCNs who did not submit a draft CAIP have been contacted to discuss their progress on the CAIP and ensure submission on 30th June. A 'helpful hints & tips' document has also been developed to support all PCNs with their improvement plans.
- 4.6. The PCN Away day included an opportunity for PCNs to discuss their CAIP and to share ideas. This included support around GPAD mapping.
- 4.7. All PCNs have submitted a PCN CAIP plan by 30th June and the ICB have provided feedback to all PCNs on these plans, and plans will be finalised by the 31st July national requirement.

5. Challenges

- 5.1 There are several challenges with this programme of work, which include (but not limited to), financial pressures, workforce pressures and patient demand and expectation. We are reviewing these and working with practices and PCNs to understand the challenges.

6. Conclusion

- 6.1 We are consistently monitoring this programme of work and supporting practices and PCNs to deliver the required actions. Further information is expected from NHSE and we will bring back regular updates to the Committee. The ICB are required to present progress at the ICB Board in November and this has been scheduled.



Agenda Item 11

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Part 1
 Thursday 3rd August 2023

Report Title	PC & DC Risk Management Report			
Purpose (X)	For Information		For Discussion	For Decision
			X	
Route to this meeting				
	ICB Internal	Date	System Partner	Date
Executive Summary	<p>This report has been pulled from the ICB Corporate Risk management system 4Risk and has identified those rises assigned to the public session of PC&DC.</p> <p>There is currently x1 risk in this register rated at a score of red 15. This is in relation to providing Primary Medical Services for practices that are facing resilience challenges which cannot be met. More detail can be found within the report.</p>			
Key Issues to note				
Key Risks: Original Risk (CxL) Residual Risk (CxL)	Key risks can be found within the corporate risk register.			
Management of Conflicts of Interest	<ul style="list-style-type: none"> N/A 			
Resource Impact (X)	Financial		Information Management & Technology	
	Human Resource	X	Buildings	
Financial Impact	There are risks which relate to the financial position of the ICB.			
Regulatory and Legal Issues (including NHS Constitution)	HMFA, ICB SoRD, Risk Management policies and procedures			
Impact on Health Inequalities	To be included in future CRR and BAF			
Impact on Equality and Diversity	As above			
Impact on Sustainable Development	As above			
Patient and Public Involvement	As above			

Recommendation	The PC&DC Committee are asked to note the content of this risk register.		
Author	Christina Gradowski	Role Title	Associate Director of Corporate Affairs
Sponsoring Director (if not author)	Helen Goodey		

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
ICS	Integrated Care System
ICB	Integrated Care Board
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GCC	Gloucestershire County Council
VCSE	Voluntary, Community and Social Enterprise

Corporate Risk Register



Generated Date	27-Jul-2023 16:31
Risk Criteria	
	Project Risks
Risk Register (Sensitivity Allocation)	Primary Care and Place

Across all priorities tackle health inequalities across our populations drawing on data and population health approaches.															
Reference	Owner	Committee	Description	Cause	Effect	Inherent Priority	Controls Detail	Residual Priority	Detail	Assignee	Actions Last Update Text	Current Target	Status	Target Priority	Risk Update Summary
															Description
1122	Owner: Helen Goodley Assignee: Jo White	Primary Care and Direct Commissioning	There is a general risk that the ICE's requirements of providing Primary Medical Services for practices that are facing resilience challenges cannot be met	Mostly due to partnership changes or impending partnership changes. Concern is general workforce resilience and retention is increasing. GP Locum shift fill is becoming much more difficult and expensive. Financial challenges.	Risk of harm to patients if they are unable to access a suitable service in a timely way with practices reducing services. Risk of practice staff burnout.	Extreme (3-4-15)	An ongoing action for the ICE to support practices and provide resilience funding as appropriate. Monthly review of Gloucestershire workforce data. Bi-monthly updates to PCO and PCFAC. Extraordinary meetings called as required. Monthly review for practices for whom we have resilience concerns.	Extreme (3-4-15)	PCN Additional Reimbursable Roles (AR) workforce planning. Continued focus on supporting existing programmes and development of new programmes/initiatives to support both retention of existing roles and recruitment of new roles in Primary Care. Bi report to be built which will provide a monthly PC dashboard focused on workforce numbers.	Helen Edwards Kate Usher	More support has been requested from NICE, and still awaiting clarification for funding for 2024/25. Action ongoing.	29 Sep 2023 31 Dec 2023	In Progress In Progress	Medium (3-2-4)	Monthly Review 13 Jul 2023 This risk has been reviewed with the PC team on 13/07/23. The current risk score of 345 remains. There have been updates to the actions as x2 deadlines have slipped.

Primary Care Strategy and PCN DES Programme Plan Highlight Report

July 2023



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Part of the One Gloucestershire Integrated Care System (ICS)

Primary Care Strategy and PCN DES Programme Plan 1 of 4

Programme SRO	Helen Goodey	Clinical & Care Lead	Dr Andy Seymour	Programme RAG	AMBER	Date of Report	27 July 2023
Programme Lead	Jo White / Helen Edwards	Report Author	Becky Smith	Previous RAG	AMBER		

Programme Aim (from delivery plan)	Decisions / Actions Required of Board
This highlight report is derived from the Primary Care Strategy and PCN DES Programme Plan which sets out the implementation and delivery of the PCN DES and will monitor progress highlighting any key risks and issues. The Network Contract Directed Enhanced Service (DES) was introduced during 2019 and will remain in place until at least 31 March 2024.	N/A

Programme Area/ Workstream (as per delivery plan)	PCN
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PCN DES Service Specifications

- To date we have received 54 returns (out of 69) PCN DES Network Contract Variation practice sign ups. The PCN Team has contacted PCNs with outstanding returns to ensure we receive all responses.

ARRS Claim Process

- In June NHS England released an updated Network Contract DES service specification to increase the maximum reimbursable amounts for each role under the Additional Roles Reimbursement Scheme (ARRS) in line with the new 2023/24 Agenda for Change pay scales. The ARRS uplifts will apply from July 2023 onwards. PCNs budgets remain the same.

PCN Quality Improvement Funding

- PCNs have been asked to submit their proposals for use of the 2023/24 QI funding by **7th July 2023**, following presentations and discussions at the PCN Away Day to support PCNs with their proposals.
- For 23/24 QI initiatives PCNs should use Population Health Management methodology and health inequalities information to prioritise projects within the following areas:
 - Chronic Disease (i.e. Respiratory, Diabetes)
 - Mental Health (adults and Young People)
 - Frailty and Dementia (incl. palliative care)
 - Linked to ICP Priorities (e.g. Hypertension and reducing smoking)

PCN Capacity and Access Payments (CAP)

- 9/15 PCNs submitted draft Capacity and Access Improvement plans by **31st May 2023**. These PCNs have received initial feedback from the PCN Development Team to support completion of final plans.
- A General Hints and Tips document has been developed to support all PCNs with their final plans. Focusing on specific areas: Friends and Family Tests, Patient Participation Groups, Online Consultation/Appointment Booking and Appointment Mapping.
- All PCNs submitted their CAIP plans by **30th June 2023**. The ICB are in the process of reviewing and have until **31st July 2023** to agree improvement plans.

PCN Leaders Away Day

- Thursday 22nd June 2023 saw PCN Clinical Directors and Business Managers meet for the annual away day at Hatherley Manor Hotel.
- Presentations on the day included: GPAD Data, Health Access Models, Workforce in Primary Care, Workforce Wellbeing, Clinical Programme Group Update, Demand & Capacity, Frailty, Young Person's Mental Health and Patient Engagement

Investment and Impact Fund (IIF) 2023/24

- The IIF tab of the PCN Dashboard has been updated to reflect the remaining 5 indicators for 2023/24
 - The local PCN dashboard has now been released with data up to 3rd July 2023.
- ### 2022/23
- The IIF performance data for 22/23 is now available in CQRS for PCNs to declare. Payments will be made by the end of August 2023.

Primary Care Strategy and PCN DES Programme Plan 2 of 4

Programme SRO	Helen Goodey	Clinical & Care Lead	Dr Andy Seymour	Programme RAG	AMBER	Date of Report	27 July 2023
Programme Lead	Jo White / Helen Edwards	Report Author	Becky Smith	Previous RAG	AMBER		

Programme Aim (from delivery plan)	Decisions / Actions Required of Board
This highlight report is derived from the Primary Care Strategy and PCN DES Programme Plan which sets out the implementation and delivery of the PCN DES and will monitor progress highlighting any key risks and issues. The Network Contract Directed Enhanced Service (DES) was introduced during 2019 and will remain in place until at least 31 March 2024.	N/A

Programme Area/ Workstream (as per delivery plan)	GP Practices
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Delivery Plan for Recovering Access to Primary Care

- On 9th May 2023 the Delivery Plan for recovering access in primary care was released by NHSE, outlining the plan for Practices and PCNs to support the increase in demand within Primary Care. The plan focuses around four areas: Empower Patients, Implement 'Modern General Practice Access', Build Capacity, Cut Bureaucracy.
- A project plan has been developed to monitor progress of the requirements and summary of progress to date has been shared with NHSE.
- The digital team are supporting with the telephony and online access requirements as described in the digital section above.
- The PCN Capacity and Access improvement plans (as discussed on the previous slide) support the implementation of the Delivery Plan
- System Development Funding for 23/24 has been released which is proposed to support some of these workstreams.

Contingency Hotels

Ramada	65 people occupying 47 rooms	Royal Well and St Georges (Equal split)
Orchard	86 people occupying 60 rooms	Rosebank
Ibis	172 people occupying 127 rooms	Aspen (2/3 patients) and GHAC (1/3 patients)
Prince of Wales (Berkeley)	26 people occupying 90 beds	Acorn, Walnut, Cam & Uley, Culverhay and Chipping Surgery (Equal split)

- Due to the increase in the number of hotels the project team have moved fortnightly meetings.
- A new hotel, Regency Halls in Cheltenham has opened. At this time nearly 60 new patients have been registered with the 3 practices in the Wilson Health Centre.

Programme Area/ Workstream (as per delivery plan)	COVID-19 Vaccination Programme
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Digital

- The Primary Care and Digital Team are working together on the Better Digital Telephony & Simpler Online Access elements of the Delivery plan for recovering access to primary care.
- The digital team are working to support practice with the switch on of the prospective record access to all patients, at this time we have 12 practices that have switched this on. All practices are required to have this switched on by 31st October 2023.
- Communication will be sent to practices not using a Footfall website to ensure they are meeting the newly released standard.
- The Primary Care Digital group has discussed the AccuRx bundle, and the AccuRx messaging bundle has been procured by the ICB for the next two years until 26th April 2025. This includes Floreys, Bulk Messages and Individual Messages.

Spring Booster Programme

- The Spring Booster phase of the Covid-19 Mass Vaccination Programme has now completed. At the end of the phase almost 75% of those eligible in Gloucestershire had received their Booster (in the top 5 of all systems in England) with both Care Home Residents and the Over 75 years of age cohorts well over 80% uptake rates.
- Until the Autumn Booster phase commences the programme will concentrate on delivering vaccinations to two 'inter-seasonal' cohorts – the newly Immunosuppressed and Children between 6months and 5 years of age considered At Risk. These two cohorts are being contacted directly and booked in to clinics.
- Information is still scarce on the upcoming Autumn Booster phase – The Glos. programme team are planning on the basis that the Autumn Covid-19 phase will be aligned with and delivered alongside the seasonal flu campaign.

Primary Care Strategy and PCN DES Programme Plan 3 of 4

Programme SRO	Helen Goodey	Clinical & Care Lead	Dr Andy Seymour	Programme RAG	AMBER	Date of Report	27 July 2023
Programme Lead	Jo White / Helen Edwards	Report Author	Becky Smith	Previous RAG	AMBER		

Programme Aim (from delivery plan)

This highlight report is derived from the Primary Care Strategy and PCN DES Programme Plan which sets out the implementation and delivery of the PCN DES and will monitor progress highlighting any key risks and issues. The Network Contract Directed Enhanced Service (DES) was introduced during 2019 and will remain in place until at least 31 March 2024.

Decisions / Actions Required of Board

N/A

Programme Area/ Workstream (as per delivery plan)

Pharmacy, Optometry and Dental Services (POD)

Dental Services

- NHSE meetings have been ongoing on a fortnightly basis with ICB finance teams to discuss financial arrangement for delegation.
- The POD Project Team continues to meet with the focus on operational matters.
- The South West Primary Care Operational Group has been set up as the mechanism to engage, collaborate and co-ordinate South West primary care operational plans. This will include review of recommendations received from Pharmacy, Optometry and Dental Hub operational groups for onward ICB decision and drive the joint transition plan delegation.
- BDO produced have updated on the actions identified in their Internal Audit Report on the readiness and risks associated with POD Delegation.
- The Monthly 'Touchpoint' meetings are being transitioned into more focussed meetings with more appropriate NHSE/Collaborative Commissioning Hub personnel so that the ICB/NHSE can focus on issues relating to Gloucestershire, e.g. Pharm/Optom Operational Meetings that will begin in August.
- The Transition Plan – The ICB, along with the other 6 other SW Region ICBs, continue to work with NHSE to agree and work through the Transition Plan via various forums so that successful and safe transfer of Delegated Authority for POD Services is achieved.
- The ICB's Dental Strategy group continues to address some of the most pressing issues around dental, access, health inequalities, workforce and oral hygiene. The ICB has also held meetings with the Community Dental Provider, Gloucestershire Health & Care to facilitate its devolved contract management responsibilities and to start the process of developing/aligning services to its Primary Care Dental Strategy.

On 1st April 2023, the ICB has assumed delegated responsibility for pharmacy, optometry, and dental services (POD) across the county. The Primary Care team is continuing to work with NHSE South West, along with the other ICBs in the South West (SW) to ensure smooth transition of services to the ICB.

Pharmacy Services

- The ICB's Pharmacy Strategy group continues to meet and is developing links with contractors via LPC representation. The group is developing plans to address some of the most pressing issues around pharmacy and further updates will be provided as this group evolves.

Ophthalmic Services is establishing

- The Primary Care Team has met with the CPG Lead for an update on plans/strategy so that we can ensure any future strategy decisions align. The Primary Care Team will be invited to future meetings to ensure alignment and will also work collaboratively with the CPG to facilitate its responsibility for certain contract management responsibilities, e.g. Primary Eyecare Services: Provision of Community Eye Health Services.

Primary Care Strategy and PCN DES Programme Plan 4 of 4

Programme SRO	Helen Goodey	Clinical & Care Lead	Dr Andy Seymour	Programme RAG	AMBER	Date of Report	27 July 2023
Programme Lead	Jo White / Helen Edwards	Report Author	Becky Smith	Previous RAG	AMBER		

Programme Aim (from delivery plan)

This highlight report is derived from the Primary Care Strategy and PCN DES Programme Plan which sets out the implementation and delivery of the PCN DES and will monitor progress highlighting any key risks and issues. The Network Contract Directed Enhanced Service (DES) was introduced during 2019 and will remain in place until at least 31 March 2024.

Decisions / Actions Required of Board

N/A

Programme Area/ Workstream (as per delivery plan)	Workforce and ARRS
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GP Recruitment and Retention Funding

- GP support lead role extended, providing dedicated and confidential career support, mentoring and coaching for GPs at all career stages.
- Gloucestershire Primary Care Workforce team are developing a GP Partner recruitment and retention programme, noting the recent withdrawal of NHS England's 'New to Partnership' scheme. GP partner recruitment and retention remains a key focus for the training hub and ICB.

Supporting Non-Clinical Workforce

- Noting the ongoing demands in General practice, particularly patient demand and staff burnout, the Primary Care training hub/workforce team continue to actively support and develop new programmes to aid recruitment, retention and development of our non-clinical colleagues working within Gloucestershire's GP practices. There remains a key focus on supporting staff in Administrative roles, which make up approximately 50% of the Primary Care Workforce.
- Three 'Administrative away-days' have been undertaken which provided our colleagues with the chance to celebrate their roles, network and engage in a range of a number of training opportunities including conflict resolution and Apprenticeships.
- Future events to be scoped which will include further 'Conflict resolution training along with proposed 'de-escalation training' – the latter providing both our non-clinical and clinical workforce with the tools to manage threats of violence and verbal assault from practice patients.
- In addition to the above, we are engaging with the Gloucestershire Employment and Skills hub to support those over 50 back into the workplace via their '50:50 challenge. Practices and PCN's have been asked if they'd like to take part and 'pledge' to provide 50 hours of work-experience (paid or unpaid) to an individual to support them back into a substantive role, potentially at their practice.
- We are also working with Gloucestershire College to support promotion of their Business Apprenticeships and T-Levels within Primary Care.

Primary Care Nursing Workforce Development

- Legacy mentors programme – 2 Legacy mentors currently being onboarded and 1 other interested.
- Preceptorship programme continues with growth – this has just been awarded the National interim Quality Mark from NHSE– encouraging new to practice nurses to gain new clinical skills aiding both recruitment and reducing attrition.
- Continuing to increase TNA's within Primary Care – 2 graduates now about to start the RNDA in September.
- 1 Return to Practice Nurse qualified in Primary care – successfully obtained a post in Forest of Dean
- 1 Return to Practice about to start training.
- Working with partners across ICS to have joint event for preceptors/preceptees/Professional Nurse Advocate/Legacy mentors to network/share learning/support opportunities for ongoing development
- T&F group being set up for careers fayre to encourage practices to employ Newly Qualified nurses.

Additional Roles Reimbursement Scheme (ARRS)

- Working with PCN's to optimise recruitment during 23/24 via provision of range of support including data analysis, recruitment support and overcoming of recruitment challenges.
- Noting that some ARR roles present more recruitment challenges than others (largely due to role availability), continued focus on First Contact, Advanced Practice, Mental Health Practitioners and Clinical Pharmacists in addition to emerging ARR roles including OT's and Dieticians.

GP Retainer Scheme

- Retained GPs may be on the scheme for a maximum of five years with an annual review each year to ensure that the doctor remains in need of the scheme and that the practice is meeting its obligations.
- We are seeking to support additional retainers during 23/24 and continue the range of offers available to GP retainers including Peer support in addition to a range of local initiatives.

Primary Care Flexible Staffing Pool

- NHS Gloucestershire's Primary Care Staffing pool continues to go from strength to strength, providing a valuable resource for Practices requiring flexible GP cover and Locum GPs wanting to work flexibly in general practice.
- Additional Clinical (i.e. Healthcare Assistant) and non-clinical i.e. Reception/administrative roles, are due to have their own staffing pools Summer/Autumn 2023, enabling these staff groups to work flexibly in support of practices within Gloucestershire.



Agenda Item 13

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Part 1

Thursday 3rd August 2023

Report Title	Performance Report			
	<ul style="list-style-type: none"> • PCN • General Practice • Pharmacy, Optometry and Dental 			
Purpose (X)	For Information		For Discussion	
	X			
Route to this meeting				
	ICB Internal	Date	System Partner	Date
	PCOG	23 July 2023		
Executive Summary	The report aims to give an overview of the performance within Primary Care & PCNs including <ul style="list-style-type: none"> • Investment & Impact Funding • Severe Mental Illness Physical Health Checks • Learning Disability Annual Health Checks • General Practice Appointment Data • PCN Additional Roles Reimbursement (ARR) Scheme. 			
Key Issues to note	We have not identified any key issues; however, we are regularly reviewing and monitoring performance and offering support to practices and PCNs where appropriate.			
Key Risks: Original Risk (CxL) Residual Risk (CxL)				
Management of Conflicts of Interest	If the data in this report shared at meetings, it is ensured that the data is treated in confidence. The local PCN DES/IIF Dashboard is shared monthly with PCNs.			
Resource Impact (X)	Financial		Information Management & Technology	
	Human Resource		Buildings	
Financial Impact	None – data information sharing. IIF (including Capacity and Access Improvement Plan) has financial incentives for PCNs.			
Regulatory and Legal Issues (including NHS Constitution)	Data is anonymised when shared and meets data security and information governance requirements.			

Impact on Health Inequalities	The primary care performance data can help identify areas that may require additional support.		
Impact on Equality and Diversity	N/A – paper is on primary care performance data.		
Impact on Sustainable Development	N/A – paper is on primary care performance data.		
Patient and Public Involvement	N/A – paper is on primary care performance data.		
Recommendation	The Committee is requested to: <ul style="list-style-type: none"> Note the information provided. 		
Author	Jo White	Role Title	Deputy Director, Primary Care & Place
Sponsoring Director (if not author)	Helen Goodey		

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
AHC	Annual Health Check
ARRS	Additional Roles Reimbursement Scheme
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CYP	Children & Young People
F2F	Face to Face
GCC	Gloucestershire County Council
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
HAP	Health Action Plan
ICB	Integrated Care Board
ICS	Integrated Care System
IIF	Investment and Impact Fund
LD	Learning Disability
PCN	Primary Care Network
PCOG	Primary Care Operational Group
PCSP	Personalised Care and Support Plan
QOF	Quality Outcomes Framework
SMI	Severe Mental Illness
SMR	Structured Medication Review
VCSE	Voluntary, Community and Social Enterprise

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Part 1

Thursday 3rd August 2023

Primary Care & PCN Performance Report

1. Introduction

- 1.1. Primary Care performance is being monitored and reviewed through many channels including the PCN Network Contract DES/IIF Dashboard, ARR uptake, GP Appointment Data and QOF. This report collates some of the performance data that is currently available and shared in Primary Care for PCDC information.

2. Purpose and Executive Summary

- 2.1. The report aims to give an overview of the performance within Primary Care & PCNs including:
- Primary Care Networks
 - Investment and Impact Fund
 - Capacity and Access Improvement Plans
 - PCN DES Specifications
 - PCN Additional Roles Reimbursement (ARR) Scheme.
 - GP Practices
 - Severe Mental Illness Physical Health Checks
 - Learning Disability Annual Health Checks
 - Local Enhanced Service Achievement
 - General Practice Appointment Data.
 - Podiatry, Optometry and Dentistry
 - Data sets to be confirmed.

3. Primary Care Networks

3.1. Investment & Impact Funding 2023/24

- 3.1.1 Nationally IIF has been updated for 2023/24 and has been reduced to 5 indicators, which are outlined in the table below. An updated local PCN Dashboard has been developed and shared with PCNs, this will be updated monthly, to help them monitor their progress against each of the

indicators (it should be noted that the local PCN dashboard is only indicative of PCN performance and the final figures will be calculated via CQRS at the end of the financial year). If the PCN reaches the upper threshold for each indicator, they will receive maximum available points. Progress of the 22/23 IIF Indicators by each PCN (based on local PCN dashboard) is available in Appendix 1.

Indicators	Maximum Points available	Lower Threshold	Upper Threshold
VI-02: Percentage of patients aged 18 to 64 years and in a clinical at-risk group who received a seasonal influenza vaccination between 1 September 2023 and 31 March 2024	113	72%	90%
VI-03: Percentage of patients aged two or three years on 31 August 2023 who received a seasonal influenza vaccination between 1 September 2023 and 31 March 2024	20	64%	82%
HI-03: Percentage of patients on the QOF Learning Disability register aged 14 or over, who received an annual Learning Disability Health Check and have a completed Health Action Plan in addition to a recording of ethnicity	36	60%	80%
CAN-02: Percentage of lower gastrointestinal two week wait (fast track) cancer referrals accompanied by a faecal immunochemical test result, with the result recorded in the twenty-one days leading up to the referral	22	65%	80%
ACC-08: Percentage of appointments where time from booking to appointment was two weeks or less	71	85%	90%

3.2. PCN Capacity and Access Improvement Plans

3.2.1. The remaining IIF-committed funding for 2023/24 has been repurposed into a Capacity and Access Support Payment and the Capacity and Access Improvement Payment. This is split into 2 parts, 70% is a monthly support payment and the remaining 30% is based on PCNs Capacity and Access Improvement Plans (CAIPs). PCNs CAIPs are required to focus improvement around three main areas;

- patient experience of contact
- ease of access and demand management; and
- accuracy of recording in appointment books.

PCNs are required to document a starting position using data under these three areas.

PCNs were required under the national contract to submit their PCN CAIPs to the ICB by 30th June 23. All PCNs have submitted initial plans and these have been reviewed and the ICB have provided feedback to all PCNs ahead of final sign off, by 31st July 23.

The table below shows the proposed sources of evidence for each area.

Key Area	Sources for establishing starting position
1. Patient experience of contact	<ul style="list-style-type: none"> • Trend over last five years (including latest year of 2022), with score for each practice in the PCN, the PCN, ICB and national score: <ul style="list-style-type: none"> ○ Q1. Generally, how easy or difficult is it to get through to someone at your GP practice on the phone? ○ Q4. How easy is it to use your GP practice’s website to look for information or access services? ○ Q16. Were you satisfied with the appointment (or appointments) you were offered? ○ Q21. Overall, how would you describe your experience of making an appointment? ○ Q32. Overall, how would you describe your experience of your GP practice? <p>Friends and Family Test scores</p>
2. Ease of access and demand management	<ul style="list-style-type: none"> • Is cloud-based telephony currently in place with call-back and call queuing functionality? • Is online consultation, messaging and appt booking functionality in place? <p>Online consultation usage per 1,000 registered patients</p>
3. Accuracy of recording in appointment books	Current GP appointment data (see below)

Further information will be provided once all the PCN Capacity and Access Plans have been finalised.

3.3. PCN Specifications

3.3.1. The Network Contract DES specifications and their requirements implemented in previous years are still in place for 2023/24. To support monitoring of these specifications, we plan to report on numerous indicators relating to each of the specifications. The Specifications are:

- Medication Review and Medicines Optimisation
- CVD Prevention and Diagnosis
- Personalised Care
- Tackling Neighbourhood Health Inequalities

- Early Cancer Diagnosis
- Enhanced Health in Care Homes (EHCH)
- Anticipatory Care

3.4. **PCN Additional Roles Reimbursement (ARR) Scheme**

- 3.4.1. A summary table for the number of and type of ARR staff across the 15 PCNs based on April 2023 claims is attached as Appendix 2.

4. **Severe Mental Illness Physical Health Checks**

The national aim for SMI physical health checks for 2023/24 remains at 60%, and the local PCN DES & IIF dashboard captures performance updates at practice and PCN level monthly. At the date of writing, we are unable to provide a performance update as the 2023/24 clinical system searches to capture the required data have not yet been released.

5. **Learning Disability Annual Health Checks**

The national aim for LD AHC for 2023/24 remains at 75%, and locally the aim is to have:

- 75% of people on the GP Learning disability register have received an annual health check during the year;
- 100% of people having a LD Annual Health Check receive a Health Check Action Plan (HAP);
- 100% of people on the GP LD Register to have a recording of ethnicity on their medical record.

At the date of this report, we are unable to provide a performance update as the 2023/24 clinical system searches to capture the required data have not yet been released.

6. **General Practice Appointment Data**

6.1 **GP Appointment Highlights**

Please note there are known issues nationally with the GP Appointment Data that is extracted from Practice Clinical Systems. The Primary Care and Digital Teams are working with practices where data does not look consistent to ensure that individual appointment types are mapped correctly to a set of nationally agreed appointment categories. It will take several months before this work is reflected in the data extractions.

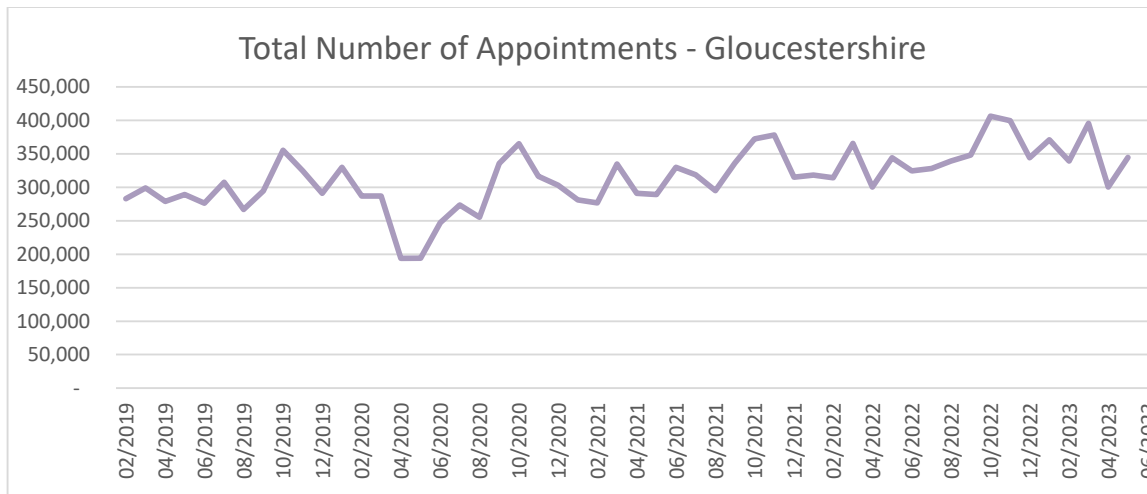
Over 353,800 appointments are delivered on average each month by GP practices across

Gloucestershire, an increase of 18.1% on pre-COVID pandemic levels in 2019. In May 2023, Gloucestershire practices provided 24% more same-day appointments than in May 2019.

In addition, 73% of appointments are in person (face to face) with a clinician; the remaining 27% are conducted by phone or virtually.

6.1.1 Total Appointments

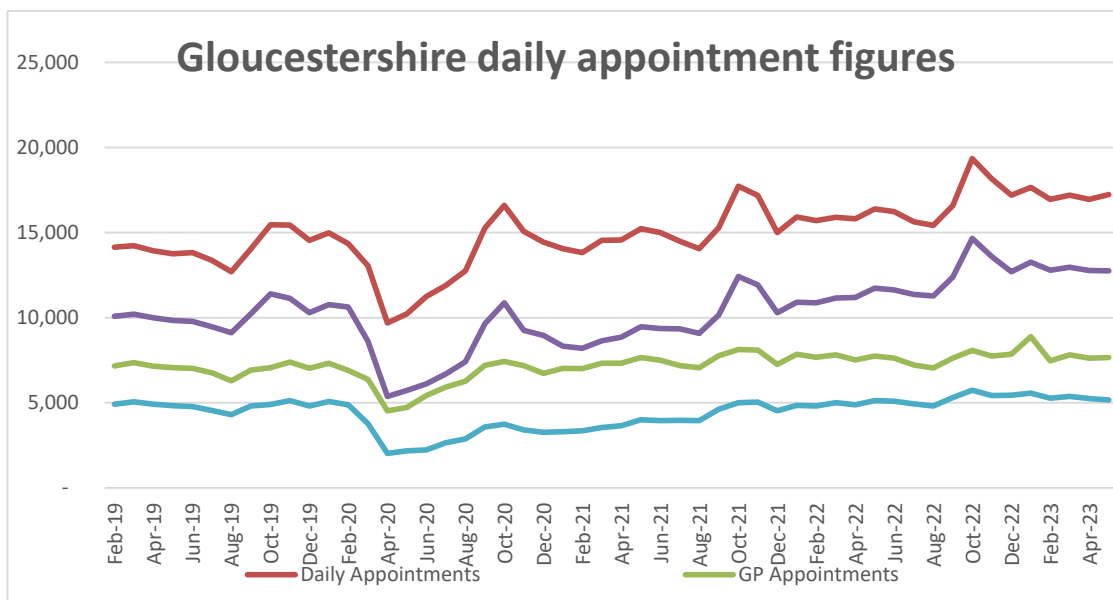
For the month of May 2023, data from NHS Digital shows the number of appointments in Gloucestershire increased from 300,335 in April to 344,695 in May.



Appointment data for Gloucestershire in May shows:

- 69 practices delivered 344,695 appointments in May 2023.
- 44% of all appointments were with a GP.
- 40% of all appointments took place on the day they were booked.

The graph below details the daily appointment numbers back to February 2019 and shows an increase in the overall appointments and face to face appointments offered daily.

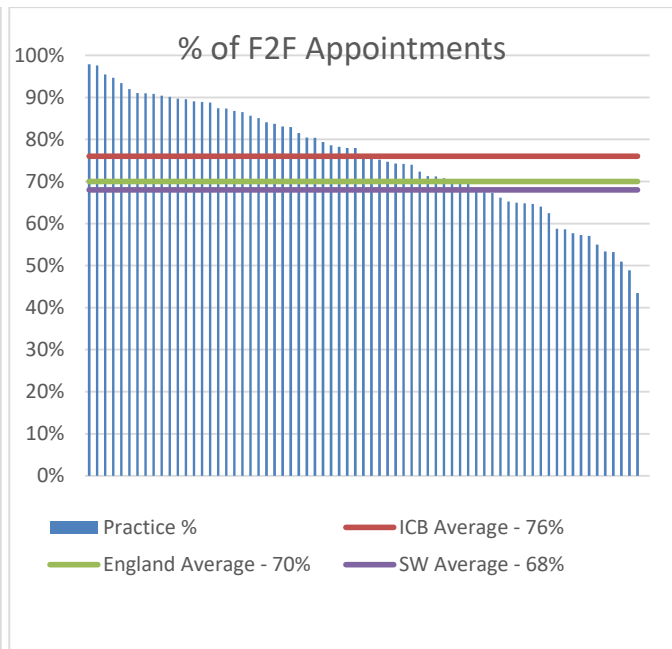
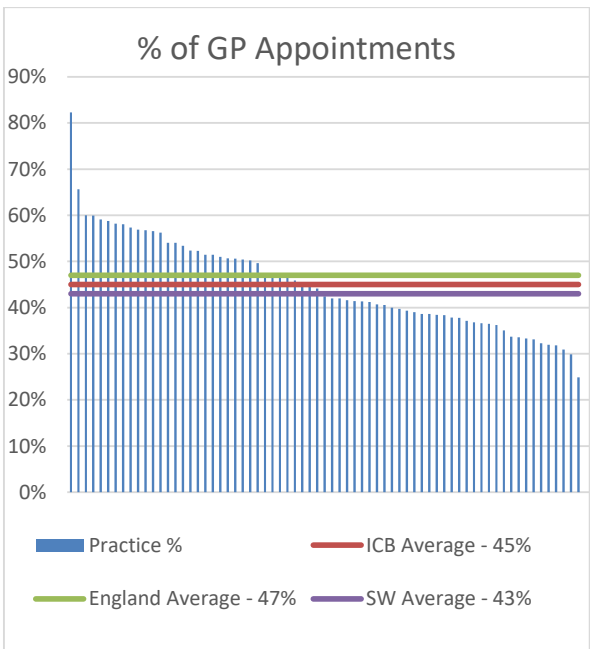
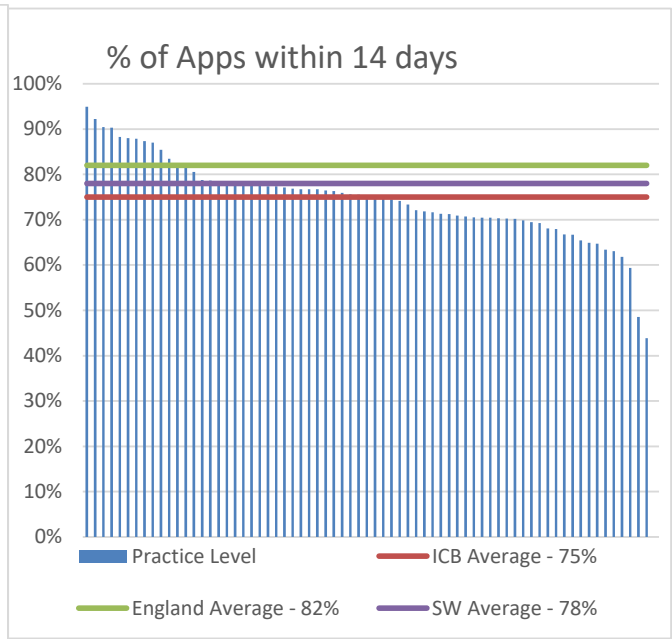
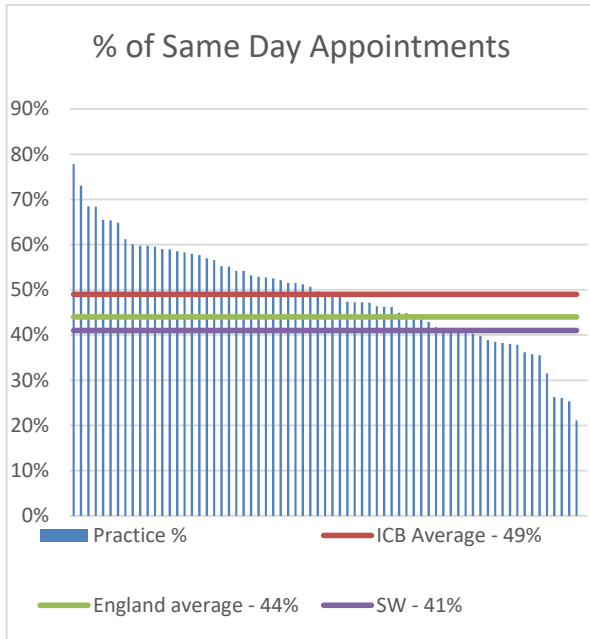


6.1.2 Practice Level Appointment Data

The graphs below show at practice level for May 2023:

- 1st row - percentage appointment for Same Day and with 14 days booked
- 2nd row – percentage of GP appointments and face to face appointments.

While Gloucestershire performs very well on overall appointments, same day appointments and F2F appointments, the percentage of appointments within 14 days and over 28 days is lower compared to England and Southwest average.



Appointments offered by type

Of the 344,695 appointments offered in Gloucestershire in May 2023, the table below shows a breakdown of the appointments by type.

Appointment Type	No of Appointments
Face to Face	255,089
Telephone	70,311
Unknown	14,203
*Video/Online	3,352
Home Visit	1,740

* Appointments marked as online, video or video conference are shown as "Online / Video". This may or may not include a video element. Non-video based online consultations such as live chat or VOIP and video-based appointments are all included in this category. It is likely that many video consultations start as a telephone appointment then switch to video and therefore may be undercounted. From March 2020, face to face appointment mode data may not be entirely reflective of what happens in the practices, as appointment types have been assigned to appointment modes prior to the pandemic. Thus, even if the appointment was carried out through a different mode, the appointment registers as a face-to-face appointment on the system.

Types of Appointment

As mentioned earlier, practices align the types of appointment offered to a set of nationally agreed categories. The table below shows a breakdown of the types of appointments offered by practices across Gloucestershire in May 2023.

National Appointment Category	No of Appts	% of Total Appts
General Consultation - Routine	106,694	30.95%
General Consultation - Acute	66,191	19.20%
Planned Clinical Procedure	41,611	12.07%
Planned Clinics	37,722	10.94%
Clinical Triage	36,862	10.69%
Inconsistent Mapping*	24,298	7.05%
Unmapped**	13,116	3.81%
Unplanned Clinical Activity	6,283	1.82%
Patient Contact during Care Home Round	3,606	1.05%
Home Visit	1,097	0.49%
Structured Medication Review	1,512	0.44%
Care Related Encounter	1,374	0.40%
Social Prescribing	1,293	0.38%
Care Home Visit	1,097	0.32%
External Service	711	0.21%
Care Home Needs Assessment/Care Planning	375	0.11%
Group Consultation & Group Education	102	0.03%
Non-Contractual Chargeable	87	0.03%
Walk In	60	0.02%

* Appointment types that have been mapped, but not to a Care Related Encounter are classed as Inconsistent Mapping. Appointments under this context type conflict the description of an appointment and further work is required to understand the nature of the appointment.

** Unmapped indicates that there was no record of a category against an appointment. This could be due to an error receiving the data, or an appointment type has not been mapped.

Appointment Trends

Appointments	December	January	February	March	April	May	Trend
Total Appts - National	26,740,950	29,442,876	27,257,347	31,418,946	23,892,526	27,677,599	
Total Appts - Glos	344,128	370,840	339,045	395,686	300,335	344,695	
Glos Data							
% of Same Day Appts	44	40	40	38	42	40	
% Appts within 14 Days	79	78	77	74	78	73	
% Face to Face Appts	75	76	75	75	71	74	
% GP Appts	46	46	44	45	47	44	
No of Appts per 1,000 Patients	502	585	494	496	439	504	

7 Recommendations

7.1 The committee is asked to note the current performance against the indicators.

Appendix 1 – PCN Performance against 2023/24 IIF Indicators as at 3rd July 2023 based on data from the Local PCN Dashboard

PCN Performance against IIF Indicators																			
IIF indicators 2023/24		LT	UT	ICB	Central	Peripheral	St Paul's	Stroud Cotswolds	TWNS	HQ	South Cotswolds	Forest of Dean	NSG	Aspen	Berkeley Vale	North Cotswolds	Severn Health	Inner City	RB
VI-02: Percentage of patients aged 18 to 64 years and in a clinical at-risk group who received a seasonal influenza vaccination between 1 September 2023 and 31 March 2024	% Achievement	72%	90%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
VI-03: Percentage of patients aged two or three years on 31 August 2023 who received a seasonal influenza vaccination between 1 September 2023 and 31 March 2024	% Achievement	64%	82%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
HI-03: Percentage of patients on the QOF Learning Disability register aged 14 or over, who received an annual Learning Disability Health Check and have a completed Health Action Plan in addition to a recording of ethnicity	% Achievement	60%	80%	10.00%	4.60%	9.40%	8.30%	9.80%	5.40%	20.80%	1.80%	11.60%	5.70%	18.70%	10.30%	1.50%	7.00%	6.50%	14.10%
CAN-02: Percentage of lower gastrointestinal two week wait (fast track) cancer referrals accompanied by a faecal immunochemical test result, with the result recorded in the twenty-one days leading up to the referral	% Achievement	65%	80%	74.80%	78.90%	72.80%	72.50%	78.50%	91.30%	84.50%	66.20%	72.50%	84.80%	68.50%	70.80%	62.40%	64.60%	82.10%	73.70%
ACC-08: Percentage of appointments where time from booking to appointment was two weeks or less	% Achievement	85%	90%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Appendix 2 – PCN Additional Roles Reimbursement (ARR) Scheme

A summary table for the number and type of ARR staff across the 15 PCNs based on June 2023 claims is shared below.

Headcount ARR Roles																
Role / PCN	Aspen	Berkeley Vale	Chelt. Central	Chelt. Peripheral	Forest of Dean	Gloucester Inner City	Hadwen & Quedgeley	North and South Gloucester	North Cotswold	Rosebank	Severn Health	South Cotswold	St Paul's	Stroud Cotswold	TWNS	Total
Advanced Clinical Practitioner Nurse													1			1
Care Coordinator	11	12	2	2	11	11	4	5	4	7	7	6	3	4	1	90
Clinical Pharmacist	3	3	8	4	11	7	2	6	5	4	6	6	11	4	8	88
Dietician					1											1
Digital and Transformation Lead	1		1	1	2		1	1			2	1		6	2	18
First Contact Physiotherapist			2				1	2		1		3			3	12
General Practice Assistant		2		3	2							2				9
Health and Wellbeing Coach		6	1												2	9
Mental Health Practitioner Band 7	1		1	1	1	3	1	1			1		1		1	12
Mental Health Practitioner Band 8A							1			1						2
Nursing associate	1	1								1		1				4
Paramedic		3	4			2		4				7	2		2	24
Pharmacy Technician	1	4	3	2	4	2	1	3	2	1	3	5	2	3	3	39
Physician Associate	1	1		2						1					1	6
Social Prescribing Link Worker	4	1	6	5	3	3	4	5	2	3	1		3	3	5	48
Trainee nursing associate		1	2		1			1		1		2	1	1	1	11
Total	23	34	30	20	36	28	15	28	13	20	20	33	24	21	29	374

WTE ARR Roles																
Role / PCN	Aspen	Berkeley Vale	Chelt. Central	Chelt. Peripheral	Forest of Dean	Gloucester Inner City	Hadwen & Quedgeley	North and South Gloucester	North Cotswold	Rosebank	Severn Health	South Cotswold	St Paul's	Stroud Cotswold	TWNS	Total
Advanced Clinical Practitioner Nurse													0.64			0.64
Care Coordinator	8.387	8.266	2	1.6	9.2	8.521	2.093	3.347	3.44	5.986	4.973	4.908	2.12	2.66	0.64	68.14
Clinical Pharmacist	2.6	2.273	5.627	4	10.107	4.52	1.427	5.54	3.787	2.39	4.2	4.38	8.974	3.573	6.3	69.70
Dietician	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1.00
Digital and Transformation Lead	0.467	0	0.64	1	0.373	0	0.287	0.8	0	0	1	0.32	0	1	0.94	6.83
First Contact Physiotherapist	0	0	1.3	0	0	0	0.747	2	0	1	0	2.12	0	0	2.48	9.65
General Practice Assistant	0	2	0	2.066	1.493	0	0	0	0	0	0	1.24	0	0	0	6.80
Health and Wellbeing Coach	0	3	1			0	0	0	0	0	0	0	0	0	1.907	5.91
Mental Health Practitioner Band 7	1	0	1	1	1	2.6	0.6	1.111	0	0	1	0	1	0	1	11.31
Mental Health Practitioner Band 8A	0	0	0	0	0	0	1	0	0	0.76	0	0	0	0	0	1.76
Nursing associate	0.667	1	0	0	0	0	0	0	0	1	0	0.987	0	0	0	3.65
Paramedic	0	2.4	3.64	0	0	1.76	0	1.5	0	0	0	6.013	1.5	0	1.5	18.31
Pharmacy Technician	1	3.453	2.84	2	3.653	1.627	0.72	3	1.8	1	2.6	4.2	1.933	2.627	2.08	34.53
Physician Associate	1	0.213	0	2	0	0	0	0	0	1	0	0	0	0	1	5.21
Social Prescribing Link Worker	3.24	0.987	5.694	5	2.587	2.6	2.86	3.32	1.8	2.28	1	0	1.814	2.36	3.907	39.45
Trainee nursing associate	0.667	1	2	0	0.8	0	0	0.8	0	0.8	0	1.707	1	0.8	1	10.57
Total	19.03	24.59	25.74	18.67	30.21	21.63	9.73	21.42	10.83	16.22	14.77	25.88	18.98	13.02	22.75	293.47



Agenda Item 14

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Part 1
 Thursday 3rd August 2023

Report Title	Primary Care Quality Report			
Purpose (X)	For Information		For Discussion	For Decision
	X			
Route to this meeting	Describe the prior engagement pathways this paper has been through, including outcomes/decisions:			
	ICB Internal	Date	System Partner	Date
	PCOG		ICB	July 2023
Key Issues to note	ICB Quality updates			
Key Risks:	N/A			
Original Risk (CxL)				
Residual Risk (CxL)				
Management of Conflicts of Interest	If the below information is shared at meetings, it is ensured that the data is treated in confidence.			
Resource Impact (X)	Financial		Information Management & Technology	
	Human Resource		Buildings	
Financial Impact				
Regulatory and Legal Issues (including NHS Constitution)	Data is anonymised when shared and meets data security and information governance requirements.			
Impact on Health Inequalities	N/A – for information only			
Impact on Equality and Diversity	N/A – for information only			
Impact on Sustainable Development	N/A – for information only			
Patient and Public Involvement	N/A – for information only			
Recommendation	The Committee is requested to: review for information and update.			
Author	J Zatman-Symonds	Role Title	Deputy CNO	
Sponsoring Director (if not author)	Marion Andrews-Evans			

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
AHC	Annual Health Check
AOS	Appliance Ordering Service
ARRS	Additional Roles Reimbursement Scheme
CHIP	Care Home Infection Programme
CCG	Clinical Commissioning Group
CP	Community Pharmacy
CQC	Care Quality Commission
CYP	Children & Young People
CPCS	Community Pharmacy Consultation Scheme
F2F	Face to Face
FFT	Friends & Family Test
GCC	Gloucestershire County Council
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
HAP	Health Action Plan
ICB	Integrated Care Board
ICS	Integrated Care System
IIF	Investment and Impact Fund
LD	Learning Disability
OOH	Out of Hours
PCN	Primary Care Network
PCOG	Primary Care Operational Group
PCSP	Personalised Care and Support Plan
QOF	Quality Outcomes Framework
SMI	Severe Mental Illness
SMR	Structured Medication Review
VCSE	Voluntary, Community and Social Enterprise

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Part 1

Primary Care Quality Report

1.0 Introduction

- 1.1 This report provides assurance to the Primary Care Operational Group (PCOG) that quality and patient safety issues are given the appropriate priority within Gloucestershire ICB and that there are clear actions to address such issues that give cause for concern.
- 1.2 The Quality Report includes county-wide updates on:
- Safeguarding
 - Patient Experience & Engagement
 - Prescribing and Medicines Optimisation updates
 - Vaccination and Immunisations
 - Patient Safety
 - Primary Care education and workforce updates
 - POD delegation
 - Provider updates
 - Migrant Health update

2.0 Safeguarding

2.1 Key Achievements/ Celebrations

- 2.1.1 A 3-week unannounced safeguarding children Joint Targeted Area Inspection took place in June 23 with the theme of 'identification of risk'. The Safeguarding team successfully led the health element working closely with CQC over the 3 weeks to audit cases and provide the required information within challenging timescales. Good engagement with all health services including GP practices selected for case audit or a visit. Draft feedback letter has been received for comments and will be published shortly. Positive feedback received with some areas for improvement identified that are already in progress.
- 2.1.2 Designated Nurse Safeguarding Children stand-alone post recruited to and successful candidate starts in Oct 23. This post supports the ICB to further meet its statutory requirements for WTE posts for safeguarding children as currently held by the Associate Director Safeguarding as a dual role.
- 2.1.3 Safeguarding Integration progress: updated Safeguarding Integration Strategy finalised outlining our intentions to move health wide safeguarding workstreams forwards. An example has been training; we delivered our first joint Executive lead mandatory safeguarding update for ICB, GHC and GHT board members in July which was well received and included leads from the three organisations.

2.2 Key Risks/Areas of Concern

- 2.2.1 Retirement of Designated Doctor Children in Care and Child Death Designated functions (February 2023 – same post holder for both). No function currently in place. Recruitment has been unsuccessful for the CiC post with no applicants, therefore is a long-term vacancy and risk within the team and impact on children in care health services. Designated Nurse CiC is part-time adding to inability to undertake core work. Discussions re creatively looking at a nurse led model to increase CiC specialist capacity. No Designated Doctor Child Death in post either leading to delay in review of cases by this statutory role, discussions ongoing with GHT and Chief Medical Officer/Chief Nurse.

- 2.2.2 ICB increasing responsibilities to lead for health regarding the new Serious Violence Duty and Domestic Abuse Act as Safeguarding Team are now the ICB lead for these workstreams. Recent JTAI inspection in addition to significant safeguarding workload such as high number of statutory safeguarding reviews the team lead the health response for, plus long term absence of Named GP has led to some capacity challenges.
- 2.2.3 Further work to be undertaken to understand how safeguarding standards and assurance (including assurance/support visit planning to GP practices and commissioned providers) are incorporated into the wider commissioning process. Agreement of the safeguarding element in the Primary Care Offer currently ongoing.

3.0 Patient Experience & Engagement

3.1 One Gloucestershire People's Panel

- 3.1.1 Recruitment for Panel Members is now complete. Over 1000 local people have signed up to share their views on local health and care services. A welcome message was sent to panellists on 5 July 2023, the NHS 75 Birthday informing them of the intention to send the first surveys out in the autumn.

3.2 NHS 75 and Windrush 75

- 3.2.1 Two members of the PALS Team were proud to represent the ICB at the NHS75 celebration at Westminster Abbey on 5 July 2023. Other members of the PPE Team helped to organise the local celebration at Gloucester Cathedral the following day. The local event was a joint celebration which also focussed on the 75th Anniversary of the Windrush generation.
- 3.2.2 We are already regularly in touch with or supporting at least 10 PPGs – Yorkley & Bream, Drybrook, Severnbanks (Lydney), Newent, Cleavelands, St George's (Cheltenham), Sixways, Alney, Chipping (Wotton-under-Edge), Longlevens – and another 14 have asked for our help!

3.3 National GP Patient Survey Results

- 3.3.1 The results of this year's national GP Patient Survey (GPPS) were published on 13 July 2023. Results show high overall levels of patient satisfaction with Gloucestershire GP practices at 80% - well above the national (England) average of 71%. The national picture shows a small overall 1.1% reduction in patient satisfaction since 2022 with a similar decline in Gloucestershire of 1%.
- 3.3.2 The annual survey assesses patients' experiences of healthcare services provided by GP practices across a range of topics, from confidence and trust in healthcare professionals, satisfaction with levels of care to ease of making appointments and suitability of appointment times. Results are presented at GP practice, Primary Care Network (PCN), Integrated Care System (ICS) and national level. In the One Gloucestershire ICS, 21,569 questionnaires were sent out and 8,505 were returned completed, representing a response rate of 39%.
- 3.3.3 The positive overall picture places GP practices amongst the highest rated in England. This is testament to the commitment of GP surgery teams across the county who have been working incredibly hard to provide the best possible care under intense pressure.
- 3.3.4 The results show that confidence and trust in the county's health professionals remains high, at 95%, with 89% of patients reporting that they felt listened to at their appointment and 93% reporting that they felt involved in decisions about their care and treatment. 88% of patients were happy that they were treated with care and concern.

- 3.3.5 GP surgeries are facing a record increase in patient contacts whilst dealing with staffing shortages across practice teams. They deserve huge recognition for their commitment to patient care and their work to embrace innovative practices and local partnerships. Given the extent of the challenges in primary care, we believe practices should be commended for maintaining such high standards overall across a range of survey themes.
- 3.3.6 However, the ICB is not complacent as it is clear that not all patients are quite so happy with their experience of GP services; this is a finding not only from the GPPS results but also PALS, Healthwatch Gloucestershire and community work (see below). We know there are areas where improvements need to be made across the county, especially around access to appointments, and that some patients have had to wait longer than they would like for non-urgent appointments. We are monitoring this variability and are working closely with practices and PCNs to understand the issues and provide support, for example with recruitment and booking systems, to improve access to appointments in all areas of the county.
- 3.3.7 Our key focus has been to provide more appointments for our population. Over 353,800 appointments are delivered on average each month by GP practices across the county, an increase of 18.1% on pre-COVID pandemic levels in 2019. We understand this to be significantly above the national average increase. The number of same-day appointments being provided is also increasing; for example, in May 2023, Gloucestershire practices provided 24% more same-day appointments than in May 2019. We are pleased that our focus on improving access to appointments has been reflected in the survey results and we will continue to do all we can to make further improvements.
- 3.3.8 Gloucestershire's practices have a history of embracing new ways of working and developing practice teams. They are doing their best to be innovative and take opportunities to adapt how they work to serve patients and support staff as best they can, offering the right kind of care and appointments, based on the nature of the patient's symptoms, condition and needs. Some have introduced new triage and telephony systems, and most practices now have other healthcare professionals such as clinical pharmacists, physiotherapists, mental health workers and paramedics working within or alongside practice teams - making a big contribution and supporting them to meet the individual needs of patients. Face to face (in person) consultations with clinicians in the practice team are available to those who need them. They currently account for 73% of appointments in Gloucestershire, which compares favourably to the national average of 67%. Whilst innovations in video and telephone consultations have been positive for many patients where it suits their lifestyle and working patterns, many patients prefer face-to-face or telephone appointments.
- 3.3.9 NHS Gloucestershire will continue to progress its long-term primary care infrastructure plan to improve the patient experience and environment. Over the last six years, around £65m worth of capital investment has supported 20 schemes, both new builds and extensions.

3.4 **GPPS Results relating to NHS Dentistry**

- 3.4.1 The GPPS also includes questions about peoples' experience of NHS Dentistry. NHS Gloucestershire took on delegated responsibility for NHS Dentistry Services from NHS England from 1 April 2023. A Dental Strategy Group is newly established in the county with the purpose of addressing the challenges of access NHS Dentistry services for Gloucestershire's residents illustrated in the results below.
- 3.4.2 We have compared ourselves against our ICS Peer Group and found that Gloucestershire has the highest proportion of people who have never attempted to access NHS dentistry, and the lowest proportion of people who have attempted to access NHS dentist services in the last 2 years. 60% of Gloucestershire people said they preferred to access private services or had no need of a dentist – similar to Hereford and Worcestershire and Mid/South Essex. This is higher than other peer group areas – with Gloucestershire having the highest proportion of people choosing to access private services, and one of the lowest proportions of patients on an NHS dental waiting list. Compared to other ICS peers, Gloucestershire has a lower % of people rating dental services in the county as

“good”. Fewer people rate NHS dentistry services as good compared to overall experience at GP practices in the county (65% rate dentistry good, 80% rate overall GP experience good). This pattern is not consistent across all areas, with some areas seeing people rate their dental service more highly than their GP practices (e.g. Derbyshire, Shropshire and Mid/South Essex).

3.4.3 A presentation of the headlines from the Gloucestershire 2023 Results can be found at Appendix 1. These include a secondary analysis benchmarking One Gloucestershire Results against out Peer ICSs.

3.4.4 The full 2023 GP Patient Survey results can be found at: <https://gp-patient.co.uk/surveysandreports>

3.5 NHS Gloucestershire Surveys

3.5.1 In the period from April to July 2023, the ICB Engagement Team has worked on 52 surveys. 23 of these are public surveys, and 29 are staff surveys. A cumulative total of 4485 survey responses have been received. Survey response reports are created and shared with survey owners to inform programmes and projects.

3.5.2 22 surveys are currently open:

- Acute Respiratory Infection (ARI) Hub
- Asthma in Gloucestershire Schools 2023
- Community Ophthalmic Link - Your Views
- Community Ophthalmic Link - Community Practitioner Survey
- Community Pharmacy and ARI Hubs 2023
- Crisis Resolution & Home Treatment Team
- Enhanced Access in General Practice - Your Views – Central Cheltenham PCN
- GP practice PPG Support Survey
- ICS Programme Delivery Workbook - Your views
- Living Well, Aging Well
- Monthly GDPR Survey 2023
- NHS Referral Assessment Service (RAS)
- Non Specific Symptoms GP Survey
- Preparing for Adulthood
- Preventing Diabetes - Your views
- Proud to care Jobseeker Connections Feedback Form
- Respiratory champions in primary care - Your Experience
- Respiratory Hub - Your Appointment
- Shared Care Plan 2023
- Support from NHS Volunteers
- Thyroid Function Test - your feedback
- Urgent and Emergency Care - Your Feedback

3.5.3 13 are now closed:

- Allied Healthcare Professionals event - 22 March 2023
- Consultant and Senior Medical Staff Advice and Guidance survey 2023
- Dementia Action Week 2023
- Drybrook Surgery Patient Feedback
- GP Referrer Advice and Guidance Survey 2023
- IPC Leads Event
- Mental Health Crisis - understanding support in Gloucestershire
- Mental Health Nurse - Your Experience
- Newent Doctors PPG

- NHS75 - A conversation with Staff
- Proposed change of practice area - Yorkley and Bream Surgery
- St Georges Surgery PPG
- Wound care and ordering and supply

3.5.4 17 surveys have been created but are waiting to be launched:

- Accessible information Standard - Your Views
- Annual Health Check - your views
- Baseline Assessment of Volunteering
- Baseline Assessment of Volunteering in PCNs
- Community Led Research - Expression of Interest
- Developing the Whiteboard - Your Views
- Digital Health and social care apps - Practitioner views
- Digital Health and social care apps - Your Views
- GetuBetter - Your Experience
- Gloucestershire MSK Self Management app (getubetter) Referrer Feedback
- Long Covid / Post Covid Service - Your Views
- PPG Survey
- Proud to care Candidate Feedback Form
- Speech Language and Communication support - Your Views
- Urgent and Emergency Care - Your Feedback
- Working alongside Volunteers - Your Experience
- Working with Volunteers - Your experience as a service manager

3.6 Patient Advice and Liaison Service (PALS)

3.6.1 The PALS Team have seen an increase in workload responding to enquiries relating to the newly delegated NHS Pharmacy, Optometry and Dentistry (POD) services. New processes have been in place since 1 July 2023 regarding the handling of POD Complaints, with the ICB PALS Team having oversight of the complaints investigation process from start to finish, working closely with the new South-West Complaints Team based in the Commissioning Hub, hosted by NHS Somerset. NHS Gloucestershire was the first ICB in the South-West to process a POD complaint successfully after 1 July 2023.

3.6.2 Key themes from local residents in recent months include:

- Length of time to access a non-urgent GP appointment
- Response times for telephone enquiries to GP Surgeries
- Access to NHS Dentistry
- Confusion regarding shared care agreements in particular relating to adult diagnosis of ADHD
- Miscommunications between GP / Community Pharmacies regarding prescriptions
- Compliments received include: excellent GP service; PALS case handling; hospital services
- A&E and Ambulance Service.

3.7 Insight from culturally and ethnically diverse communities

3.7.1 Community outreach work, particularly amongst ethnically and culturally diverse groups, has revealed distrust and disillusionment for primary care services and dentistry. Individuals have raised concern over the long periods of time they are waiting to speak with a GP receptionist, as well as the long lead times to secure non-urgent appointments. Consequently, many patients have decided to not to proceed with the appointments and are leaving issues unaddressed. A lack of understanding of the roles of staff in primary care was also highlighted, causing misunderstanding and thus disappointment of why certain staff members are dealing with certain medical needs. Finally, those with low literacy

levels or poor English have presented issues around digital exclusion. They have had to respond to GP communications online, with no option to address questions face-to-face, which is easier for them.

3.7.2 Community contacts have been asked how they prefer information to be shared with them. Often there are so many opportunities to share with them that we could send them over 5 emails a week. Feedback has been that they would be keen to receive an 'update' email with all the engagement opportunities in one place. We are currently trialling this under the title: NATALIA'S ENGAGEMENT UPDATES! with copies shared with Black community representatives; The Cavern/Anchor Programme; GCC; South Asian community representatives; Community builders; Cheltenham Welcomes Refugees, GARAS; GL11 and the Redwell Centre. The first edition features: Minor Adaptations Community Engagement; Prostate Cancer – Video Resources; and the Election to the Council of Governors for GHC.

3.8 Community Mental Health Transformation programme:

3.8.1 Community Mental Health Transformation is part of a national programme, providing easier access and better support for adults with serious mental illnesses. Housing and employment are key elements of the programme, and Locality Community Partnerships are being formed, to bring NHS organisations and community and voluntary sector partners together to provide more joined up support. The Gloucestershire roll-out started in the Forest of Dean, with engagement events held there earlier in the year; now, the Forest of Dean Locality Community Partnership is meeting regularly. Through June and July 2023, we have held engagement events in Gloucester, Cheltenham, Stroud and the Cotswolds, both in person and online, which have involved people who use services and their families and carers as well as people working in a wide range of organisations. The learning and insights from these events have been hugely valuable, and colleagues have built important links which will be beneficial as the programme continues to roll out across the county.

3.9 Healthwatch Gloucestershire (HWG)

3.8.1 A priority area for HWG in 2023/24 is: Improving access to GP services. Access to GP services remains one of the greatest areas of concern for local people reported to HWG. This year, HWG is following up on previous investigations in 2022 and 2021 and looking once again at people's experiences of accessing GP services. HWG want to understand what works well, what makes it difficult for people to access services, and where improvements can be made. HWG will explore, for example, booking appointments, the quality of communications, and whether GP services are delivering joined up care.

4.0 Prescribing and Medicines Optimisation

4.1 The Medicines Optimisation team continue to work on their priority initiatives including:

- **Primary Care Savings Project:** The MO team have initiated several projects to achieve medicines savings in 2023/24. A new element of this work is to look at practice variation in prescribing (for some medicines) and explore the drivers of this variation. The PSP team will be co-ordinating this work with practice Medicines Optimisation leads.
- **Appliance Ordering Service:** The AOS continues to recruit more practices.
- **Community Pharmacy Consultation Service (CPCS):** Work continues on this project. A key element is the establishment of links between practices and their local community pharmacies. This is supported by this year's Primary Care Offer.
- **Discharge Medication Service:** We are assured that the work to integrate Pharm Outcomes into the GHFT prescribing system is almost complete. This will enable additional referrals to Community Pharmacy on discharge.

5.0 System Clinical Effectiveness Group

- 5.1 The System Clinical Effectiveness Group met on the 15th May 2023. The draft minutes are included for information and will be signed off at the next meeting in July 2023.



2023 05 15 SCEG
Draft Minutes.docx

6.0 Vaccination Update

- 6.1 The Spring booster campaign is coming to an end and has achieved 78 % uptake across the eligible cohorts with at least 80% of care home residents vaccinated. The latest guidance for the Covid 19 Autumn booster campaign is expected imminently.
- 6.2 Contact has been made with just over 500 eligible children aged 6 months - 4 years old whom are eligible for a Covid vaccination and planning is underway to run clinics through August.
- 6.3 Access for All Gloucestershire has completed the initial phase of the project and just over 1000 parents were contacted, or contact tried. Results show that 27% of the outstanding children had already had an MMR but Child Health had not been informed, 27% had appointments made to have their MMR and preschool vaccine. On the success of this campaign, the ICB have set up a county wide vaccine support team to help practices achieve immunisation targets across all vaccines. The team are currently working with 5 practices with low uptake of MMR in 6 year -29-year-olds. They contact patients, update records and making appointments, so far they have reached almost 3000 patients.

7.0 Patient Safety - Learn from Patient Safety Events (LFPSE)

- 7.1 Patient Safety Incident Response Framework (PSIRF)
The PSIRF is expected to replace the Serious Incident Framework in Autumn 2023.

Providers operating NHS commissioned services under the NHS Standard Contract need to create a response plan which must be agreed by the ICB. These will be taken to the Quality Committee for ratification later in the year, once they have been approved by provider organisation boards.

As part of the introduction of PSIRF we are working with GHC and GHFT to roll out system wide training to all parts of the ICS so that we take advantage of economies of scale and ensure that everyone has the same baseline knowledge.

- 7.2 Learn from Patient Safety Events (LFPSE)
To support PSIRF NHSE have launched the new LFPSE system.

While larger providers with local risk management systems (LRMS) are working to flow information automatically, smaller providers and primary care will be able to use a webpage. So far only SWAST are reporting to LFPSE and have recorded 496 events in the south west. 'Events' include, incidents, risks, outcomes and good care.

NHSE will shortly be launching a BI module to allow us to view incidents at ICB level. At a local level,

we are currently working with the Urgent Care Team on a trial to test how the system can be used to flag concerns and issues with D2A beds.

8.0 Primary Care Nursing Education and Workforce Updates

- 8.1 The Nurse on Tour initiative gained regional recognition for workforce improvement – NHSE/SW GPN Award winner. Nurses from Cornwall are coming up to Gloucestershire to spend a day on the bus to see how the Gloucestershire team operate. A business plan for Point of care testing is also currently underway to expand the remit of the Nurses on Tour further.
- 8.2 Due to high demand a second HCA study is being planned and the Practice Nurse conference plans are in motion with NHSE Primary Care Nurse lead agreed as Key Note Speaker. There is also a Careers Fayre for Primary Care being planned for the Autumn.
- 8.3 The GICB Legacy Mentor interviews are booked to take place in July and the Preceptorship programme – 4th Cohort is due to start in September. The new Clinical Learning and Development Matron is now in post and will be instrumental in progressing the training programme for all GPN and AHP's in Primary Care, working alongside the GPN Strategic Lead Nurse for the ICB. In Gloucestershire we also have two more GPN's who have expressed an interest in becoming Professional Nurse Advocates (Restorative Clinical Supervision) with collaborative work currently underway within the ICB to create an event for 'trust wide event' for Preceptees and PNA's to look at pathways and opportunities in careers whilst maintaining resilience and compassion.
- 8.4 Gloucestershire also had a very successful evening at the General Practice Workforce Improvement Award on June 13th. Sarah Rogers, Strategic Lead Nurse, was the winner of the General Practice Workforce Improvement Award category. The award for Patient Centred Innovation by a General Practice Nurse Award was awarded to TWNS PCN and Sarah Gallagher received a Highly Commended in the General practice nurse leadership award. Sarah has also been asked to write an article for the Primary Care Journal on the project she have been doing for substance misuse and homeless people in Cheltenham and has also been invited to an NHS Champions reception at Downing Street later in the year.
- 8.5 The Gloucestershire preceptorship programme in primary care has been awarded the National Preceptorship Interim Quality Mark from NHSE. A task and finish group has been set up for Preceptors/preceptees Advocates and Legacy Mentors. This is to encourage GHC, GHFT, Primary Care and Social Care to network, share and celebrate all the work going on in Gloucestershire and to encourage staff retention.

9.0 POD Delegation

- 9.1 The NHSE Collaborative Commissioning hub deliver the quality monitoring and assurance function across POD services on behalf of the seven SW ICB's. Information is provided via a quarterly quality report with agreement that any urgent or significant issues are notified to the ICB at the time of occurrence.
- 9.2 Gloucestershire ICB received the first quarterly Pharmacy, Optometry and Dental Quality Report from NHSE on June 22nd outlining data and information for the 2022/23 quarter 4 (Q4) period. The report provides a summary of quality issues, risks, areas for improvement and noted good practice across ICB commissioned POD services for this period. NHSE asked the ICB to note that no significant

quality risks, issues or concerns were identified in Q4, low return rates for a circulated POD safeguarding survey (1-3%) were highlighted and plans to incorporate complaints reporting and data into an integrated performance and quality report will be visible moving forward. One pharmacy assurance visit and one dental assurance visit was completed by the NHSE Quality and Safeguarding team during quarter 4 with no issues or risks noted.

10.0 Provider Updates:

10.1 GHC - Wotton Hospital

10.1.1 Following recent media reports, enhanced surveillance and quality monitoring continues at Wotton Lawn Hospital. Also of note is the improving position with recruitment to clinical posts within mental health inpatient services, the widening implementation, following the successful introduction, of patient safety dashboards and a comprehensive and focussed piece of work being carried out at Charlton Lane Hospital around falls prevention which will have a positive impact for patients throughout the Trust. The Trust continues to make good progress with the actions arising from the CQC core inspection which are now 96% complete.

10.2 PPG

10.2.1 The ICB are continuing to work proactively with PPG to support the work around the concerns raised at the previous inspection in November 2022 and the latest recommendation and updates from the re-inspection visit in April.

10.2.2 The service has implemented changes in line with guidance that allowed for better management and oversight, but CQC have noted that further work is needed to make sure the changes are embedded in practice. CQC also noted that the risk around emergency medicine changes had not always been considered. The rating from the November inspection has been carried over but the CQC have acknowledged the improvements made to the concerns raised within the warning notice.

10.2.3 The ICB Quality and Performance teams are working closely with PPG to support further improvements and note the areas highlighted within the warning notice which have been prioritised and the improvements in management links, triage pool and clinical staffing.

10.3 Leg Ulcer Services

10.3.1 Following concerns raised regarding complex leg wound services by the LMC and primary care GPN's, a piece of work has commenced to look at the provision of leg ulcer and complex leg wound services in the county. A meeting is booked for the end of June with commissioning leads, Deputy Chief Nurse and the GPN Strategic Lead, to discuss concerns, service provision and plan how we can support with improving the quality of services and reduce the burden that primary care are currently experiencing.

11.0 Migrant Health

11.1 The 5th hotel estate in Gloucestershire was stood up in May with the arrival of 60 residents. The estate has an initial capacity of 100 service users with an application pending to increase this to 200. This brings the county's overall total to 437 service users. GP registrations have been completed across the three surgeries at the Wilson Health Centre.

- 11.2 Mental health demand is expected to rise with the advent of the new estate, with an estimated 25% of service users requiring mental health support. All are adult single males who have previously been registered with GP services in Ilfracombe, with many of them having treatments for PTSD underway.
- 11.3 A meeting of stakeholders and commissioners to discuss MH provision is scheduled has taken place – GARAS has increased their commissioned number of psychotherapists by 1 and MHICT have capacity. Review is planned for 8 weeks.
- 11.4 Notice has been given of a potential increase in bed capacity numbers in 2 of the existing hotels by an additional combined 151 service users. Further adult MMT and DTP vaccination clinics have taken place in the hotel settings with collaboration between GHC and ICB teams. Aspen Medical Centre have identified a GP to provide hotel based clinical support for their registered patients one afternoon a week. The new Deputy Lead Nurse for Migrant Health has now joined the team.

The Committee is asked to note this report.

GP PATIENT SUR

NE GLOUCESTERSHIRE

est survey results

Survey

Patient Survey 2023 ICS Slidepacks | Version 1 | Public

roduction

The GP Patient Survey (GPPS) is an England-wide survey, providing data about patients' experiences of their GP practices.

This slide pack presents some of the key results from the 2023 GP Patient Survey for **ONE GLOUCESTERSHIRE (Integrated Care System)**.

ONE GLOUCESTERSHIRE, 21,569 questionnaires were sent out, and **8,505** were returned completed. This represents a response rate of **39%**.

GP PATIENT SURVEY

Please answer the questions below by putting an X in one box for each question unless more than one answer is allowed (these questions are clearly marked). We will keep your answers completely confidential.
If you would prefer to fill in the survey online, please go to www.gp-patient.co.uk/survey

Access code:

Your local GP services

Q1 Generally, how easy is it to get through to someone at your GP practice on the phone?
 Very easy
 Fairly easy
 Not very easy
 Not at all easy
 Haven't tried

Q2 How helpful do you find the receptionists at your GP practice?
 Very helpful
 Fairly helpful
 Not very helpful
 Not at all helpful
 Don't know

Q3 Which of the following general practice online services have you used in the past 12 months?
 By 'online' we mean on a website or smartphone app.
 Please put an X in **all** the boxes that apply.
 Booking appointments online
 Ordering repeat prescriptions online
 Accessing my medical records online
 Filling in an online form
 None of these

Q4 How easy is it to use your GP practice's website to look for information or access services?
 Very easy
 Fairly easy
 Not very easy
 Not at all easy
 Haven't tried

Q5 As far as you are aware, what general practice appointment times are available to you?
 Please put an X in **all** the boxes that apply.
 Before 8am on at least one weekday
 Weekdays between 8am and 6.30pm
 After 6.30pm on a weekday
 On a Saturday
 On a Sunday
 Don't know

Q6 How satisfied are you with the general practice appointment times that are available to you?
 Very satisfied
 Fairly satisfied
 Neither satisfied nor dissatisfied
 Fairly dissatisfied
 Very dissatisfied
 I'm not sure when I can get an appointment

Q7 Is there a particular GP you usually prefer to see or speak to?
 Yes, for all appointments
 Yes, for some appointments but not others
 NoGo to Q8
 There is usually only one GP in my GP practiceGo to Q8

Q8 How often do you see or speak to your preferred GP when you would like to?
 Always or almost always
 A lot of the time
 Some of the time
 Never or almost never
 I have not tried

Page **1** Please turn over →

How to use this data for improvement

GP PATIENT SURVEY

Data in this slide pack can be used and interpreted to help to improve GP services, in the following ways:

Comparison of an ICS against the national result: this allows benchmarking of the results to identify whether the ICS is performing well, poorly, or in line with the national picture. The ICS may wish to focus on areas where it compares less favourably.

Analysing trends in an ICS's results over time: this provides a sense of the direction of the ICS's performance. The ICS may wish to focus on areas which have seen a decline in results over time.

Comparison of PCN's results within an ICS area: this can identify PCNs in an area that seem to be over-performing or under-performing compared with others. The ICS may wish to work with individual PCNs: those that are performing particularly well may be able to highlight best practice, while those performing less well may be able to improve their performance.

An interactive dashboard providing more detail at PCN level can be found here: <https://www.gp-t.co.uk/pcn-dashboard>.

Please note PCNs have been aligned to the ICS based on the Lead Sub ICB Location identified by the NHS Digital ePCN mapping file, accessed via the NHS Digital organisation data service. There were a very small number of PCNs which crossed ICS boundaries – if this is the case, this will be noted below.

Overall experience of GP practice

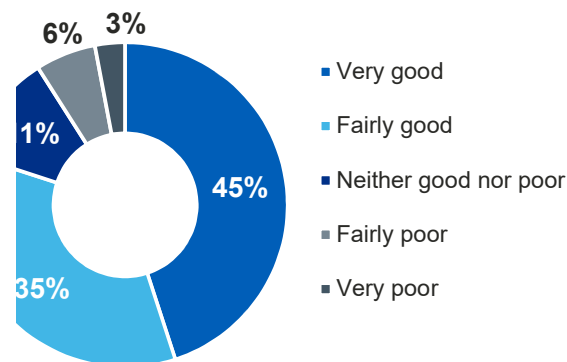
Patient Survey 2023 ICS Slidepacks | Version 1

Overall experience of GP practice

LOUCESTERSHIRE

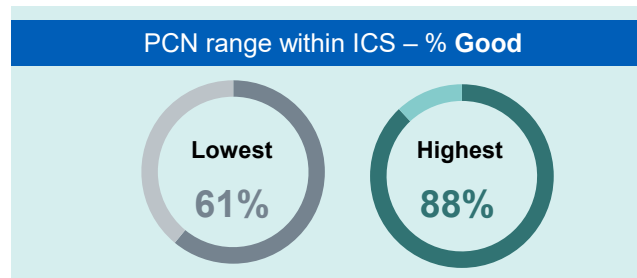
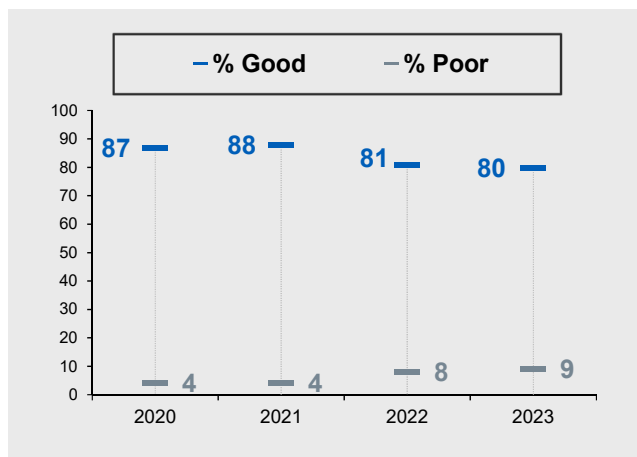
Overall, how would you describe your experience of your GP practice?

Result

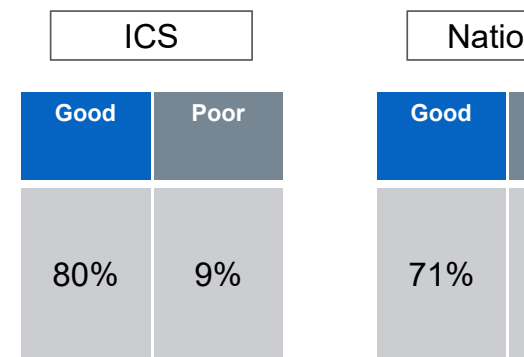


of all patients. National (749,020); ICS 2023 (8,136); ICS 2021 (9,701); ICS 2020 (8,342); range from 122 to 1,300

ICS result over time



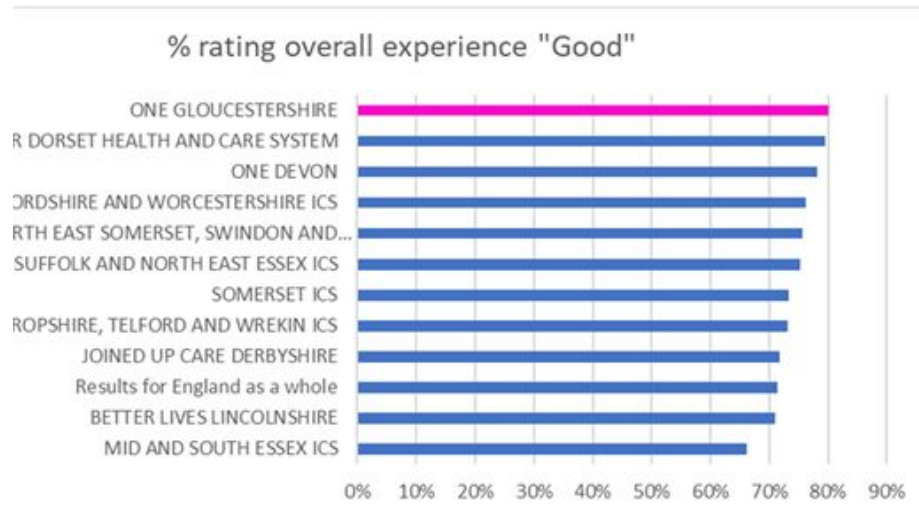
Comparison of results



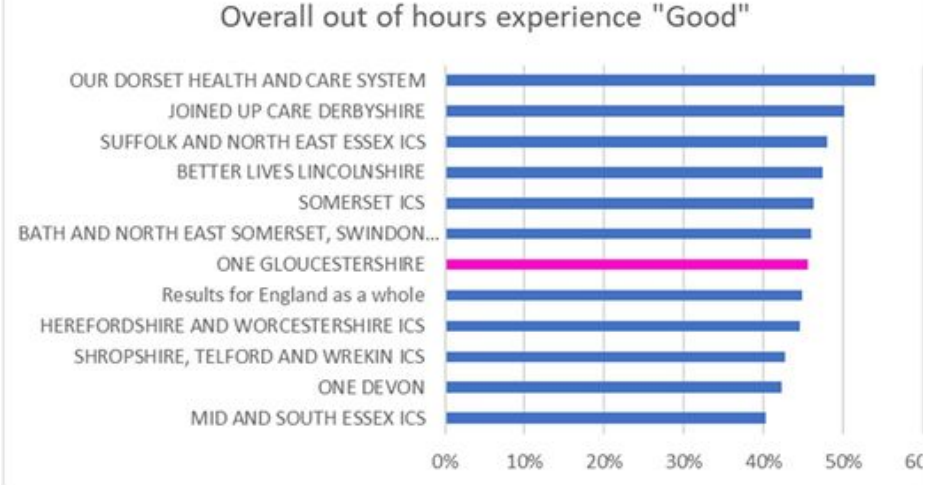
i %Good = %Very good + %Fairly good
 %Poor = %Very poor + %Fairly poor

all GP experience benchmarking against our “Peer” 10 ICSs

Overall experience of GP practice



Overall experience of NHS services when GP is closed



Gloucestershire overall has the highest % of our peer group for people rating their overall experience of GP practice as “Good” (all positive responses) with 80% people stating their experience was positive. Overall experience of NHS services when their normal surgery was closed (Out of Hours) was far lower, only 46% of people rating their overall experience positively.



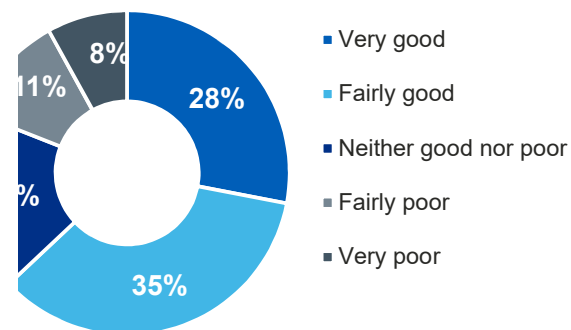
Overall experience of making an appointment

GP PATIENT SURVEY

LOUCESTERSHIRE

Overall, how would you describe your experience of making an appointment?

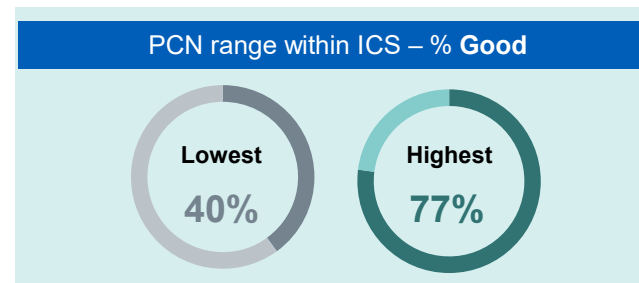
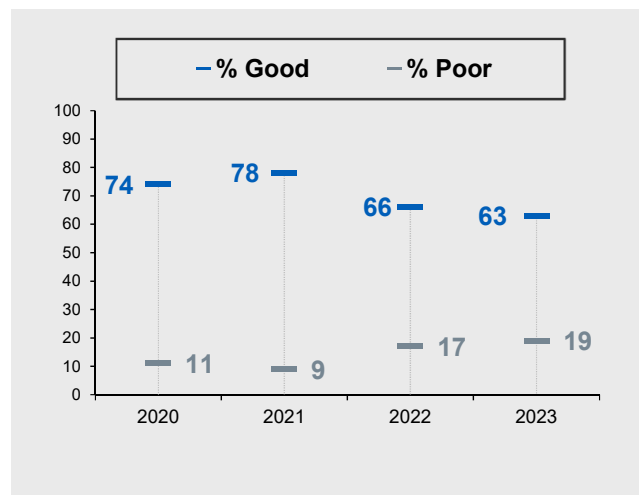
Result



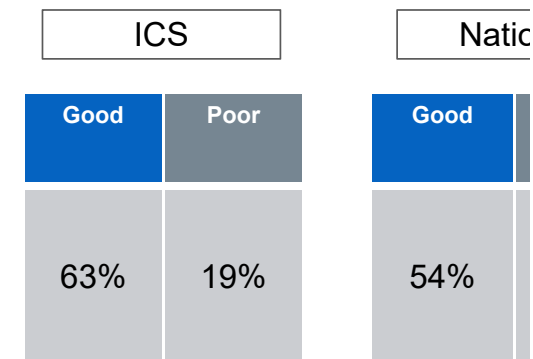
Number of patients who have tried to make an appointment registered with current GP practice. National GP Patient Survey 2023 (7,969); ICS 2022 (7,671); ICS 2021 (7,929); PCN bases range from 115 to 1,213

Source: GP Patient Survey 2023 ICS Slidepacks | Version 1 | Public

ICS result over time

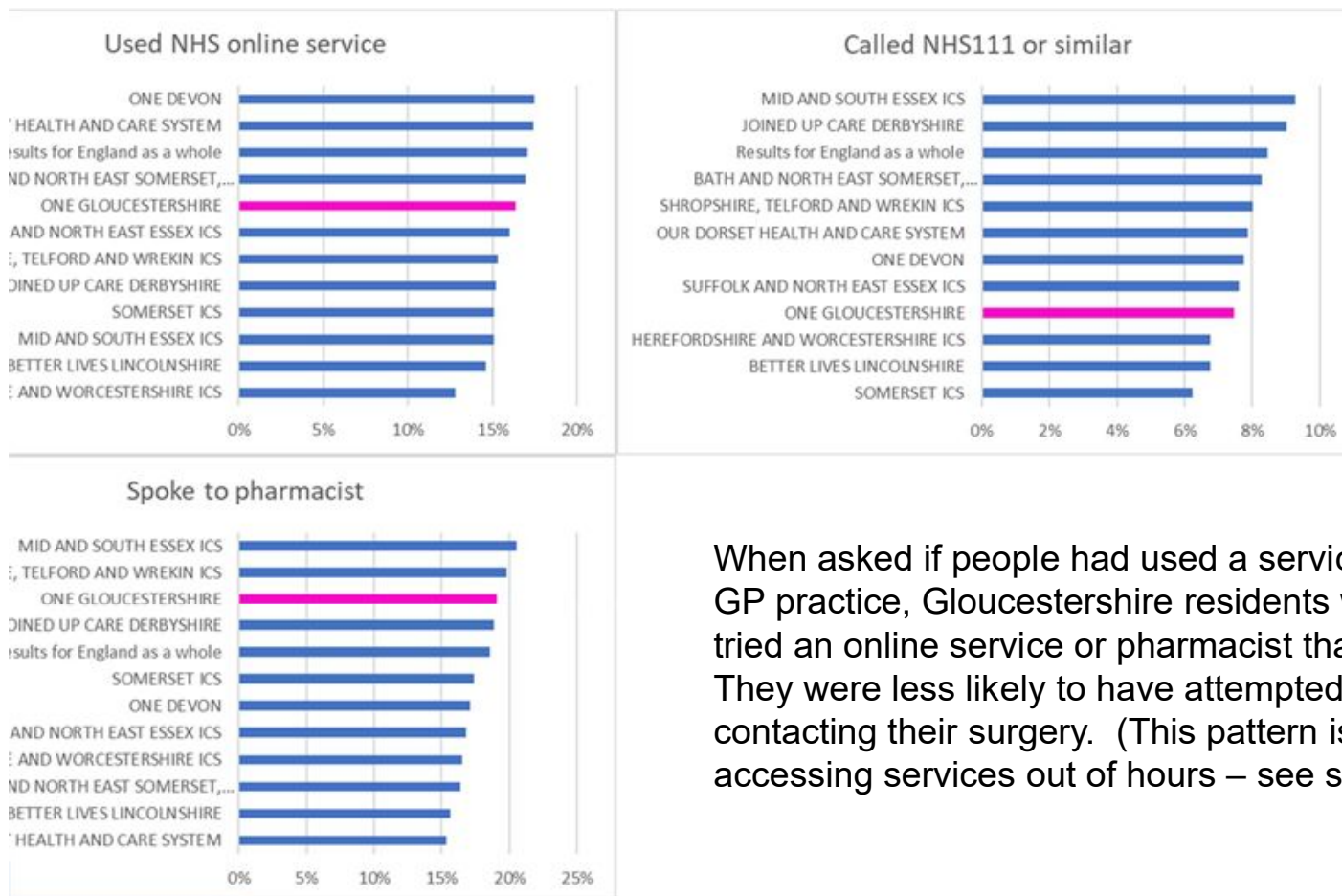


Comparison of results



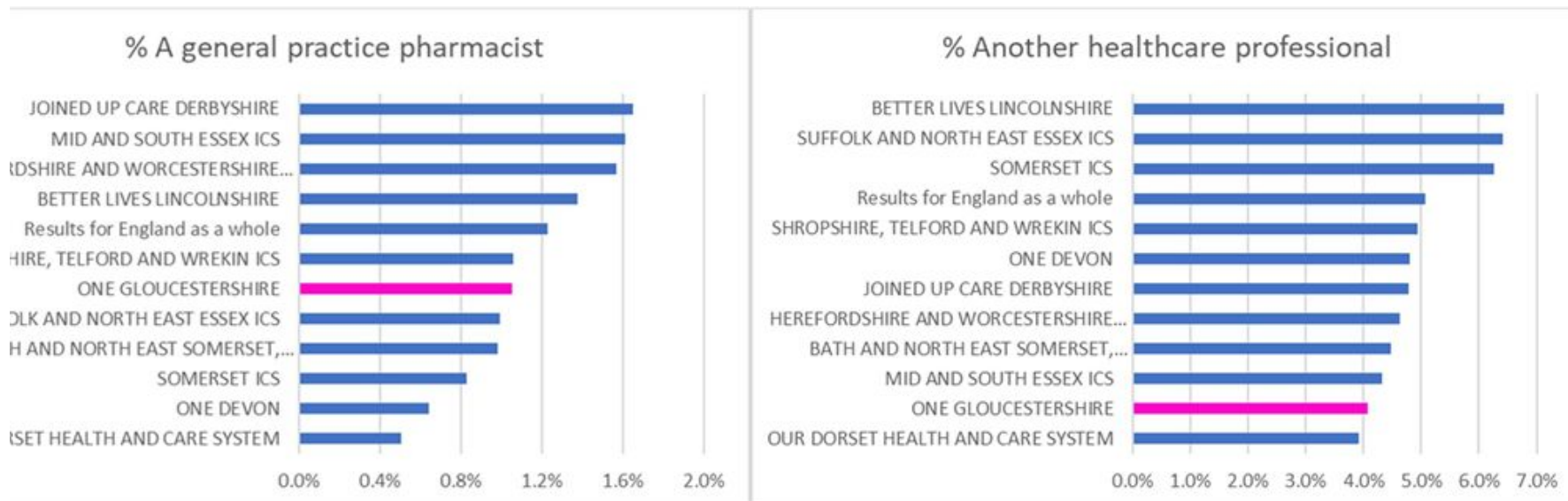
i %Good = %Very good + %Fairly good
 %Poor = %Very poor + %Fairly poor

Are we contacting primary care benchmarking against our “Peer” 10 ICSs



When asked if people had used a service before contacting their GP practice, Gloucestershire residents were more likely to have tried an online service or pharmacist than the peer group average. They were less likely to have attempted to call NHS111 before contacting their surgery. (This pattern is also seen for patients accessing services out of hours – see slide 5).

of alternative clinical roles in primary care benchmarking against “Peer” 10 ICSs



patients seen in primary care, around 1% of Gloucestershire residents saw a general practice pharmacist – lower than the average for our peer group. A smaller proportion than average reported seeing an alternative healthcare professional. Note: this question relates to the most recent contact with primary care, and is self reported (an average of 4% of people cannot remember who they saw at their last appointment).

Perceptions of care at patients' first appointment



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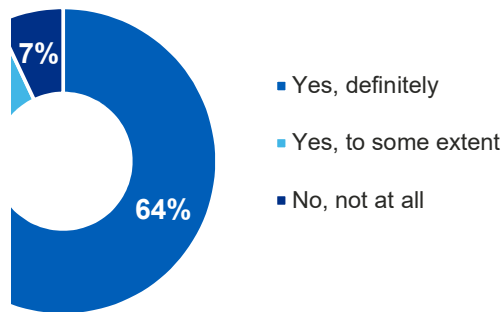
Needs met at last appointment

GP PATIENT SURVEY

LOUCESTERSHIRE

Thinking about the reason for your last general practice appointment, were your needs met?

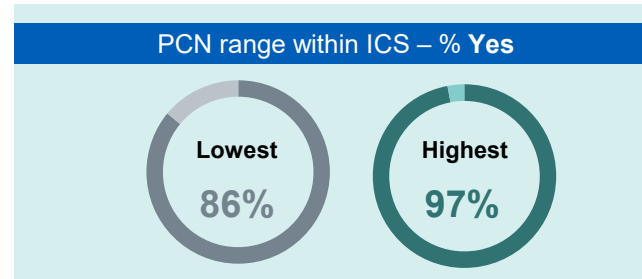
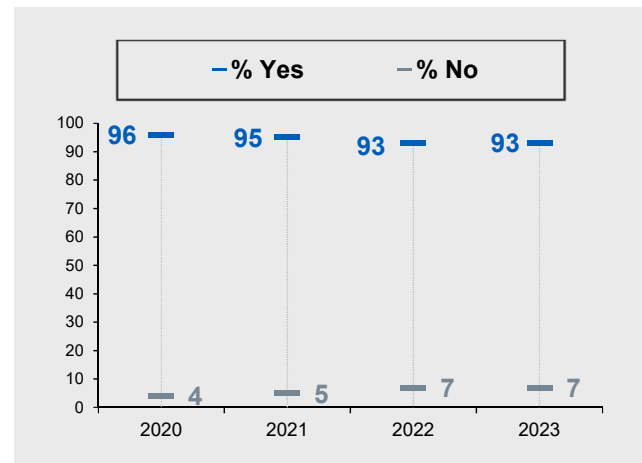
Result



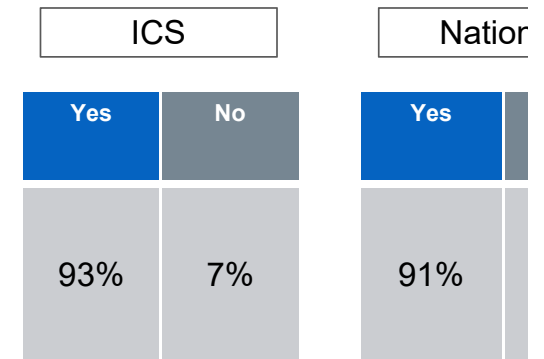
Sampled of patients who had an appointment since being registered with current GP practice. Patients who selected 'Don't know' or 'Can't say' have been excluded. National (688,092); ICS 2023 (7,803); ICS 2022 (7,594); ICS 2021 (8,939); ICS 2020 (8,939). PCN bases range from 108 to 1,197

Source: GP Patient Survey 2023 ICS Slidepacks | Version 1 | Public

ICS result over time



Comparison of results



i %Yes = %Yes, definitely + %Yes, to some extent

Managing health conditions

Patient Survey 2023 ICS Slidepacks | Version 1



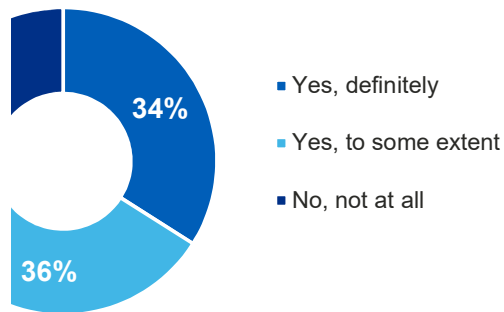
Support with managing long-term conditions, disabilities, or illnesses

GP PATIENT SURVEY

LOUCESTERSHIRE

In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

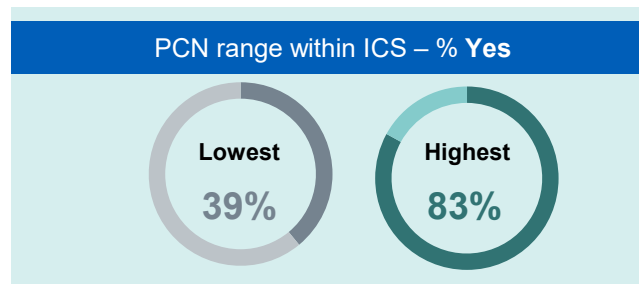
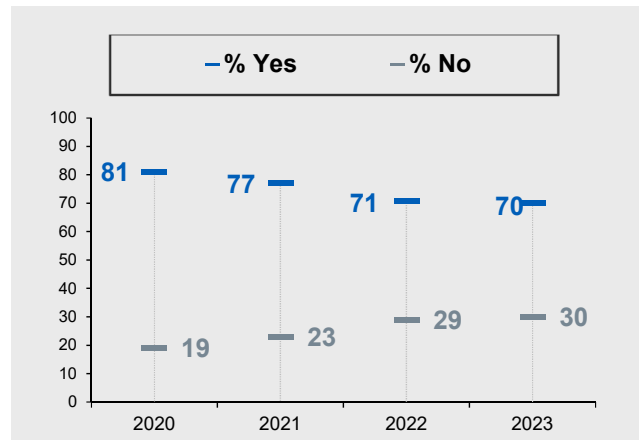
Result



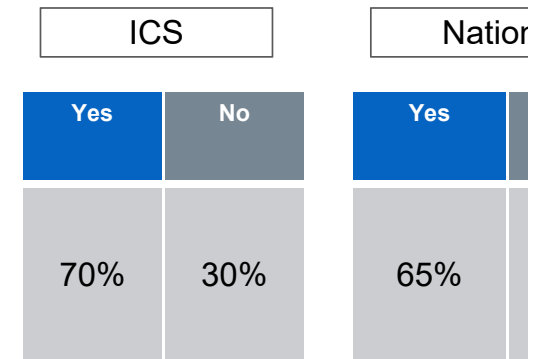
Number of patients with a long-term condition, illness, or disability who selected 'I haven't needed support' or 'I can't say' have been excluded. National (293,843); ICS 2020 (2,181); ICS 2022 (2,937); ICS 2021 (3,422); ICS 2023 (2,937); PCN bases range from 58 to 523

Source: GP Patient Survey 2023 ICS Slidepacks | Version 1 | Public

ICS result over time



Comparison of results



i %Yes = %Yes, definitely + %Yes, to some extent

Services when GP practice is closed

Questions are only asked of those people who have recently used an service when they wanted to see a GP but their GP practice was closed. As such, the base size is often too small to make meaningful comparisons at PCN level. The PCN range within ICS has therefore not been included for these questions.

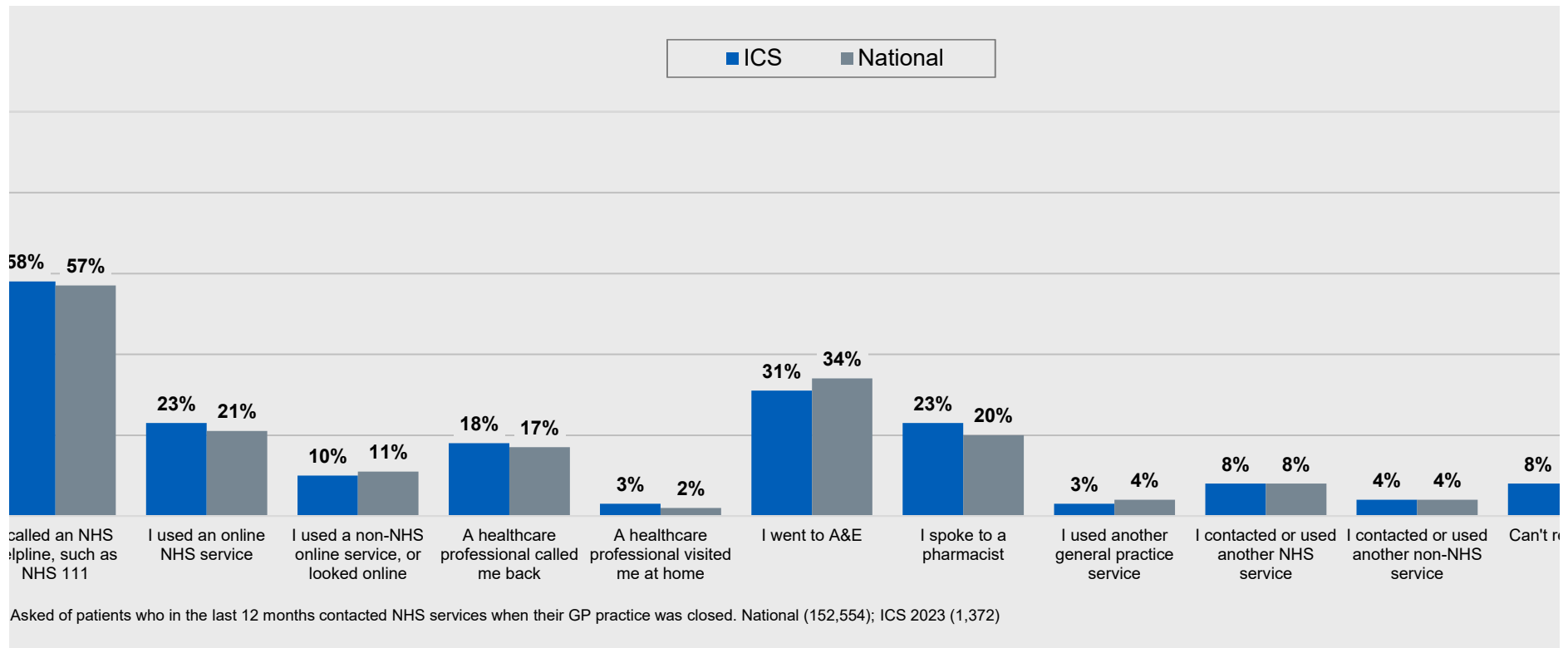
Note that patients cannot always distinguish between standard services and extended access appointments. Please interpret results in this section with the configuration of your services in mind.

Use of services when GP practice is closed

GP PATIENT SURVEY

LOUCESTERSHIRE

Considering all of the services you contacted, which of the following happened on that occasion?¹



Comparisons are indicative only: differences may not be statistically significant

Patients in the past 12 months contacted an NHS service when they wanted to see a GP but their GP practice was closed.

Source: GP Patient Survey 2023 ICS Slidepacks | Version 1 | Public

Alternatives to GP – when GP was closed benchmarking against “ 10 ICSs



Compared with our peer group, Gloucestershire has a lower % of people stating they went to A&E and a higher % of people accessing pharmacy as an alternative suggesting progress in directing patients towards community services than reliance on ED as the back stop to primary care.

Use of the NHS111 online service was higher compared to our peer group, with a higher % of calls to the NHS111 service among those who responded to the survey (but variance in proportions of patients saying they contacted the service were not large, and note that this is self-reported utilisation by the group who responded to the survey).

Selected outcomes for the question “What services did you access when your usual surgery was closed”.



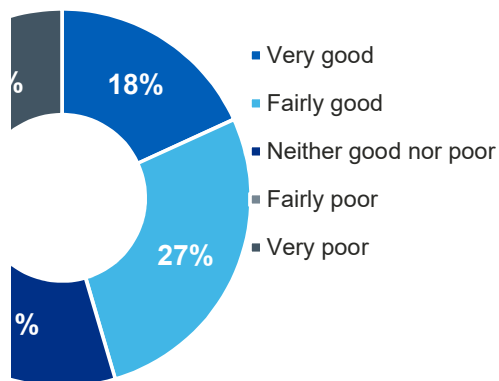
Overall experience of services when GP practice is closed

GP PATIENT SURVEY

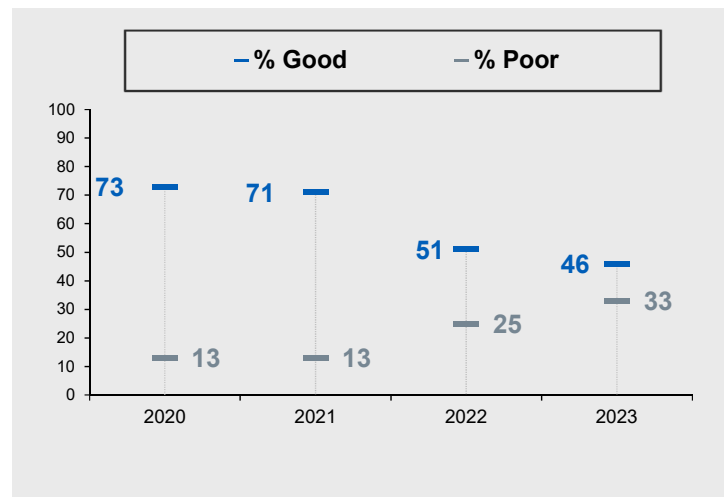
LOUCESTERSHIRE

Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed?

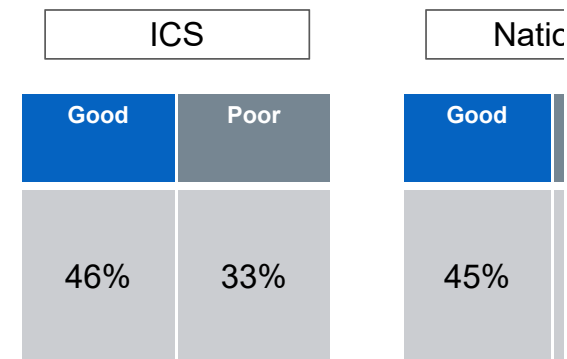
Result



ICS result over time



Comparison of results



Number of patients who in the last 12 months contacted NHS services when their GP practice was closed. Patients who 'Don't know / can't say' have been excluded. National data: ICS 2023 (1,284); ICS 2022 (1,218); ICS 2021 (1,218); ICS 2020 (1,386).

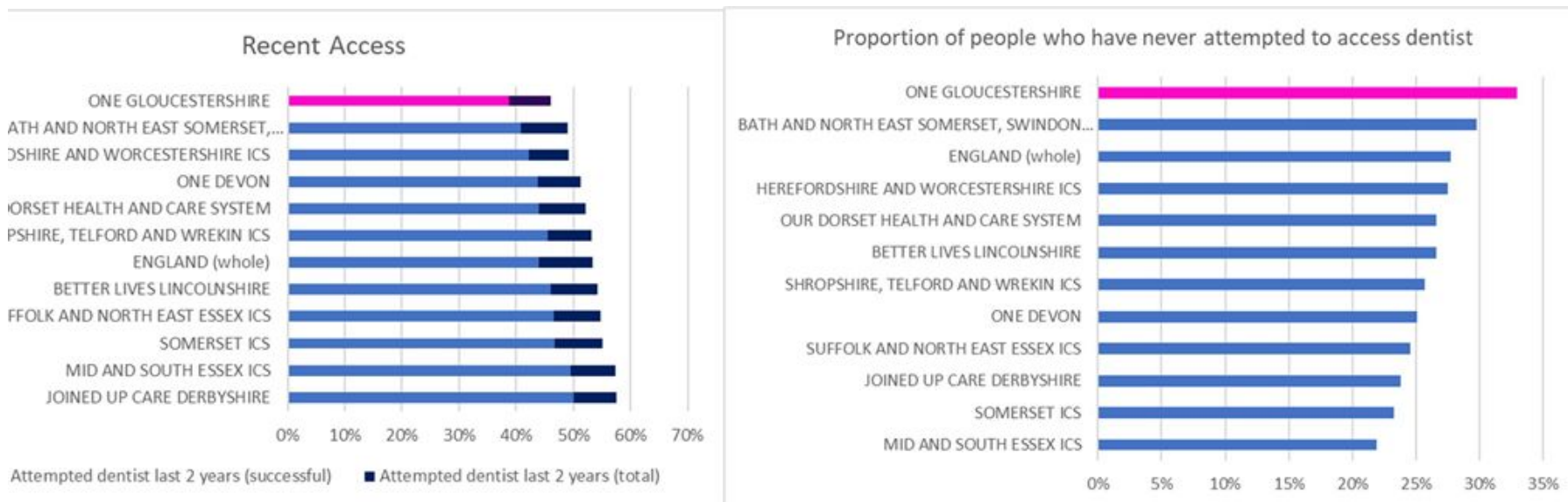
i %Good = %Very good + %Fairly good
 %Poor = %Very poor + %Fairly poor

HS Dentistry

Patient Survey 2023 ICS Slidepacks | Version 1



Primary Care Services benchmarking against our “Peer” 10 ICSs



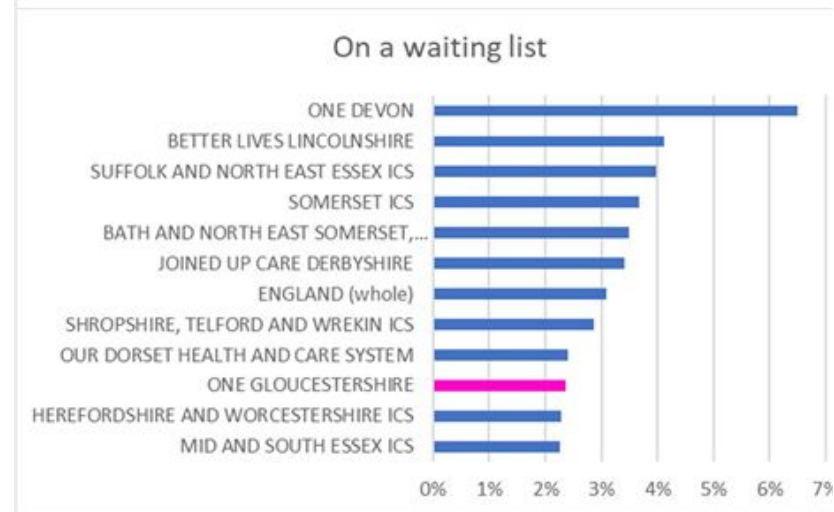
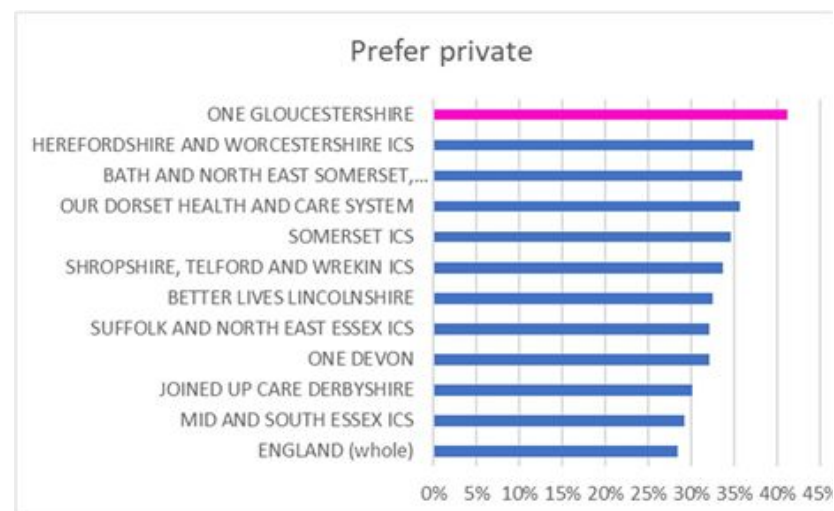
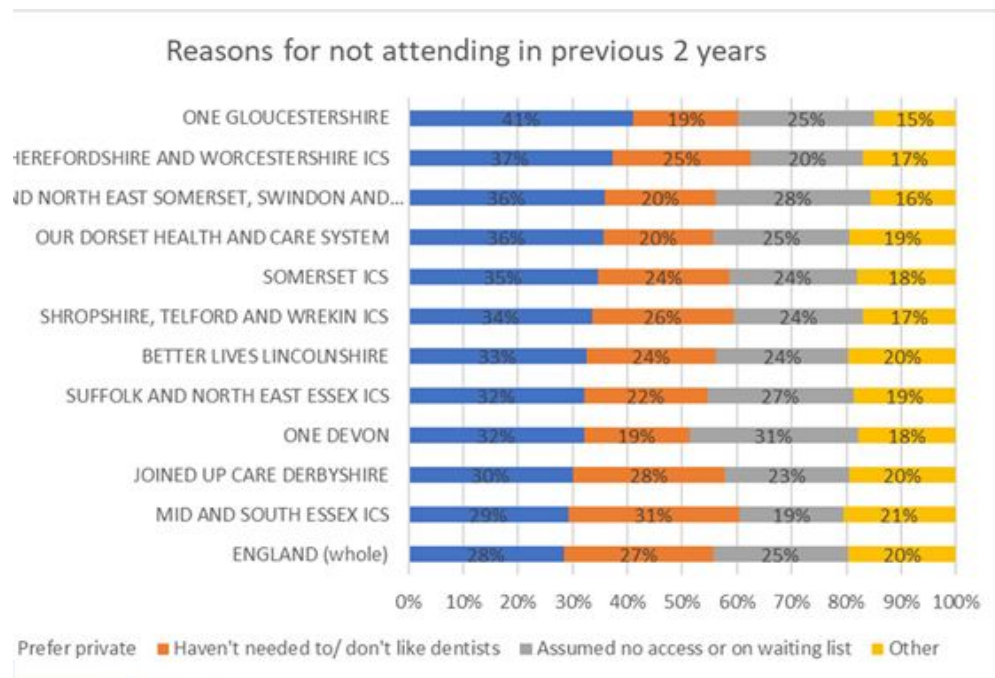
The chart shows proportion of all survey respondents who attempted to access the dentist, and of these the % who were successful in securing NHS services (part bar).

Compared to the whole peer group, Gloucestershire has the highest proportion of people who have never attempted to access NHS dentistry, and the lowest proportion of people who have attempted to access NHS dentist services in the last 2 years.



Primary Services Benchmarking against our "10 ICSs"

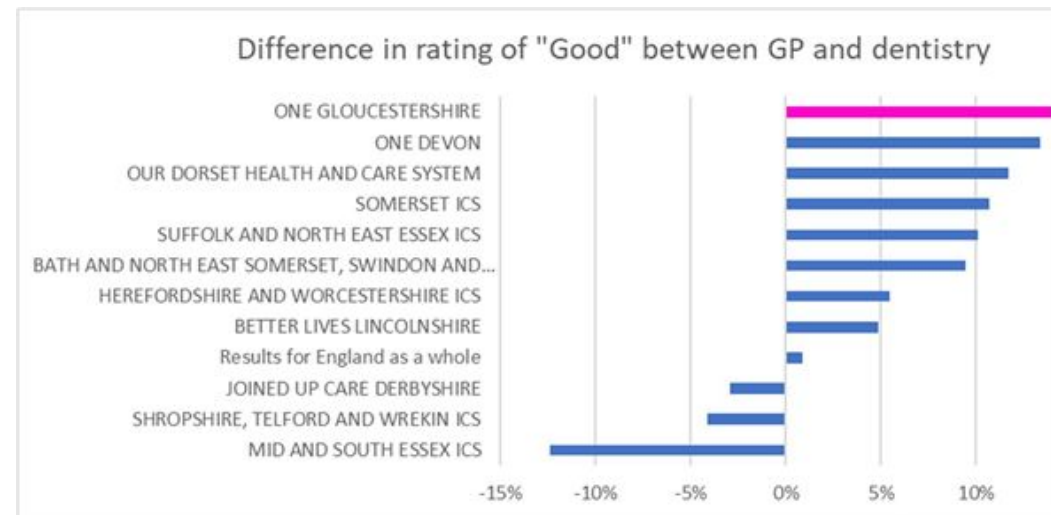
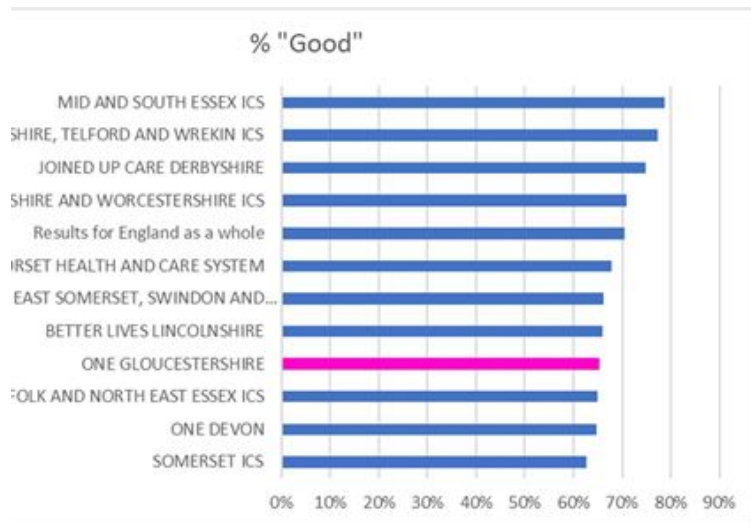
Gloucestershire people said they preferred to access private services to need of a dentist – similar to Hereford and Worcestershire and with Essex. This is higher than other peer group areas – with Worcestershire having the highest proportion of people choosing to access private services, and one of the lowest proportions of patients on an NHS waiting list.



General Dentistry Experience Benchmarking against "Peer" 10 ICSs

Compared to other ICS peers, Gloucestershire has a lower % of people rating dental services in the county as "good". Fewer people rate NHS dentistry services as good compared to overall experience at GP practices in the county (65% rate dentistry good, 80% rate overall GP experience good).

This pattern is not consistent across all areas, with some areas where people rate their dental service more highly than their GP practice (e.g. Derbyshire, Shropshire and Mid/South Essex).



Appendix



Patient Survey 2023 ICS Slidepacks | Version 1

Background information about the survey

GP PATIENT SURVEY

The GP Patient Survey (GPPS) is an annual England-wide survey about patients' experiences of their GP practice and is administered by Ipsos on behalf of NHS England.

The survey covers a range of topics including:

Your local GP services

Making an appointment

Your last appointment

Overall experience

COVID-19

Your health

When your GP practice is closed

NHS Dentistry

Some questions about you (including relevant protected characteristics and demographics)

- The survey provides data at **practice level** using a consistent methodology, which means it is comparable across organisations. The survey also provides data at **Primary care network (PCN)**, **Integrated care system (ICS)** and **National** level.
- Minor changes were made to the questionnaire in 2023 to ensure that it continued to reflect how primary care services are delivered and how patients experience them.
- The effect of the pandemic should be taken into account when looking at results over time.
- The latest 2023 questionnaire includes past versions, and the Technical Appendix for further information about the survey can be found here: <https://gp-patient.co.uk/surveysandreports>.
- Survey considerations:
 - Sample sizes at practice level are relatively small.
 - The survey is conducted annually and provides a snapshot of patient experience at a given time.
- Data users are encouraged to use data from GPPS as one element of evidence when considering patients' experience of general practice in order to identify potential improvements and highlight best practice.

The next slide suggests ideas for how the data can be used to help to improve services.

Statistical reliability

Results in a survey such as GPPS are based on only a sample of the total population. This means we cannot be certain that the results of a question are exactly the same as if everybody within that population had responded ("true values").

However, we can estimate the true value by increasing the size of the sample on which the results are based, and the number of times a question is asked.

The confidence with which we make this estimate is usually chosen to be 95% – that is, there are 95 in 100 chances that the true value will fall within a specified range (the "95% confidence interval").

The table gives examples of what the confidence intervals look like for an ICS and PCN with an average number of responses, as well as the confidence intervals at the national level based on weighted data. Confidence intervals will be wider when results are based on a smaller number of responses.

An example of confidence intervals (at national, ICS and PCN level) with an average number of responses.

	Average sample size on which results are based	Approximate confidence intervals for percentages at or near these levels (expressed in percentage points)		
		Level 1: 10% or 90%	Level 2: 30% or 70%	Level 3: 50%
		+/-	+/-	+/-
National	759,149	0.10	0.15	0.17
ICS	17,122	0.66	1.00	1.09
PCN	592	3.23	4.94	5.39

For example, taking an ICS where 17,122 people responded and where 30% gave a particular answer, there is a 95% likelihood that the true value (which would have been calculated if the whole population had taken part in the survey) will fall within the range of +/-1.00 percentage points from that question's result (i.e. between 29.00% and 31.00%).

When results are compared between different groups within a sample, the difference between "real" results or it may occur by chance (because not everyone in the population has taken part in the survey).

Interpreting the results

Number of participants answering each question (the unweighted base) is stated on each question.

Comparisons are indicative only. Differences may not be statistically significant.

Guidance on statistical reliability, or for sources of where you can get more information about the survey, please refer to the end of this slide pack.

- Note on the presentation of the data:
 - A * represents a percentage greater than 0% but less than 0.5%
 - There are cases where percentages for each of the different responses to a question do not add to the combined percentage totals (e.g. 'Very good' and 'Fairly good', compared with the combined total 'Good'), or where results do not sum to 100%. This may be due to computer rounding, the rounding of weighted data, or where questions allow for multiple responses.
 - In cases where fewer than 10 patients have answered a question, the data have been suppressed and results will not appear within the charts. This is to prevent individuals and their responses being identifiable in the data.
 - Please note on pie charts where the results are 2% or less, these labels are not shown. Hovering over the segment on the pie chart will show the percentage.
- Trends:
 - 2023: refers to the 2023 survey (fieldwork 3 January to 3 April)
 - 2022: refers to the 2022 survey (fieldwork 10 January to 11 April)
 - 2021: refers to the 2021 survey (fieldwork 4 January to 6 April)
 - 2020: refers to the 2020 survey (fieldwork 2 January to 6 April)
 - Where available, ICS trends start from the 2020 survey. When looking at the results over time, please bear in mind that practices have developed as organisations during this period, including some boundary changes.
 - For further information on using the data please refer to the end of this slide pack.

Further information about the survey

GP PATIENT SURVEY

The survey was sent to around **2.6 million patients aged 16 or over** registered with a GP practice in England.

The overall response rate to the survey was **28.6%**, based on **759,149** completed surveys.

Participants are sent a **postal questionnaire**, also with the option of completing the survey online or via phone.

The GP Patient Survey is conducted on an annual basis and has been since 2007.

Weights have been applied to adjust the data to account for potential age and gender differences between the profile of eligible patients and the patients who actually complete a questionnaire. The weighting also takes into account

neighbourhood statistics, such as levels of deprivation, in order to further improve the reliability of the findings.

- For more information about the survey please visit <https://gp-patient.co.uk/>.
- For general FAQs about the GP Patient Survey, go to <https://gp-patient.co.uk/faq>.
- Further information about the methodology and technical information including questionnaire design, sampling, communication with patients and practices, data collection, data analysis, response rates and reporting can be found in the technical annex for each survey year, available here: <https://gp-patient.co.uk/surveysandreports>.

2.6 million
Surveys sent to patients aged 16 or over registered with a GP practice in England

759,149
Completed surveys in the 2023 publication

28.6%
National response rate

Where to go to do further analysis ...



For reports which show the results broken down by ICS, PCN and practice for all questions, go to <https://gp-patient.co.uk/surveysandreports> - you can also see previous years' results here.

To look at this year's survey data using the interactive analysis tool go to <https://gp-patient.co.uk/analysistool>. Data can be used at national, ICS, PCN, or practice level.

The analysis tool allows users to filter on a specific participant group (e.g. by age), break down the survey results by survey question, or to create and compare results by different participant groups'.

To look at results over time, go to <https://gp-patient.co.uk/analysistool/trends>.



For further information about the GP Patient Survey, please get in touch with the GPPS team at Ipsos at GPPatientSurvey@ipsos.com

We would be interested to hear any feedback you have on this slide pack, so we can make improvements for the next publication.

Agenda Item 15

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Part 1
Thursday 3rd August 2023

Report Title	Delegated Primary Care Finance Report – Month 3			
Purpose (X)	For Information		For Discussion	For Decision
	x			
Route to this meeting	Describe the prior engagement pathways this paper has been through, including outcomes/decisions:			
	ICB Internal	Date	System Partner	Date
Executive Summary	At the end of the June 2023 the ICB's Delegated Primary Care co-commissioning budgets are showing a year to date position of breakeven. The budgets have been reviewed and realigned based on planned expenditure.			
Key Issues to note	The Month 3 position is breakeven, with a current year end forecast of breakeven. This may change as the year progresses and issue are highlighted.			
Key Risks: Original Risk (CxL) Residual Risk (CxL)	Risk of overspend against the delegated budget: Original Risk: 3 x 3 = 9 Residual Risk: 3 x 2 = 6			
Management of Conflicts of Interest	None			
Resource Impact (X)	Financial	X	Information Management & Technology	
	Human Resource		Buildings	
Financial Impact	The forecast and current month position are breakeven.			
Regulatory and Legal Issues (including NHS Constitution)	None			
Impact on Health Inequalities	None			
Impact on Equality and Diversity	None			
Impact on Sustainable Development	None			
Patient and Public Involvement	None			
Recommendation	The Primary Care & Director Commissioning Committee is asked to <ul style="list-style-type: none"> note the content of this report. 			
Author	Keren Ford	Role Title	Primary Care Lead Management Accountant	

Sponsoring Director (if not author)	Cath Leech Chief Finance Officer
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Glossary of Terms	Explanation or clarification of abbreviations used in the paper
ICS	Integrated Care System
ICB	Integrated Care Board
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GCC	Gloucestershire County Council
VCSE	Voluntary, Community and Social Enterprise

Agenda Item 15

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Part 1

Thursday 3rd August 2023

Primary Care Delegated Finance Position 30th June 2023.

1. Introduction

- 1.1. This paper outlines the financial position on delegated primary care co-commissioning budgets as at 30th June 2023.

2. Purpose and Executive Summary

- 2.1. At the end of June 2023, the ICB's delegated primary care co-commissioning budgets are showing a breakeven position against the year to date budget of £29.2m.

3. Financial Position

- 3.1. The end of Month 3 financial position as at 30st June 2023 for delegated primary care budgets is a breakeven position with a year end forecast of breakeven. The key variances are:
 - £450k underspend on enhanced services.
The finance and primary care teams are currently reviewing review expenditure including the level of claims against this budget.
 - PCN overspend £368k.
This overspend is driven by the expenditure on Additional Role Reimbursement (ARRs), and the profiling of the budget. The total budget is £15.045m of which £9.5m is for ARR's. The £9.5m budget is currently profiled in 12ths, this needs to be updated as the total budget and expenditure is projected to be £15.186m this year. There is £9.5m in the delegated baseline allocation, but the expenditure is currently close to £1m per month, creating the current overspend position. The balance will be drawn down from NHSE with a maximum draw down of £5.6m available to Gloucestershire.
 - Premises £409k overspend
This overspend is due increases rent, rates and expenditure on the waste contracts. The budget and expenditure are currently being reviewed with the primary care team.
 - General practice, Other GP services and Prescribing and Dispensing are £334k underspent. This is driven by global sum payments being underspent, sickness and maternity are overspent and the prescribing and dispensing are underspent. A total review on last years outturn and this years budget will be taken to ensure the budgets are aligned.

4. Service Delivery Funding (SDF)

The table below shows the non-recurring SDF funding for 2023/24. The SDF has reduced in 2023/24 compared to last year, and the Primary care team is working to review these commitments to ensure that expenditure remains within the funding available.

- o The ICB Infrastructure category is new for 2023/24. This figure is a maximum for 2023/24 and this programme is in development.

SDF Funding 2023/24			
Resources	2023/24 Confirmed NR £'000	2023/24 Indicative NR £'000	Forecast Outturn £'000
Local GP Retention	127		127
Training Hubs	131		131
Primary Care Flexible Staff Pools	123		123
Practice Nurse Measures	40		40
Transformational Support	785		785
PCN Leadership and Management funding	461		461
ICB Infrastructure	188		188
Fellowships	98	293	391
Supporting Mentors	23	69	92
GPIT - Infrastructure and Resilience	142		120
Totals	2,118	362	2,331

5. Risks and Mitigations

This table highlights and shows the known risks and mitigations relating to 2023/24. This will be updated as further risks and mitigations are identified.

Risks	Mitigations
<p>ARRs for 2023/24 has a potential risk of £450k due to different list sizes used by NHSE.</p> <p>Investment Impact Fund (IIF) 2022/23 expenditure is due in August, this is approximately £400k higher than the budget from 2022/3.</p>	<p>Not all staff will be in post from the beginning of each quarter, where the portal assumes staff will be in place from week one of relevant quarter. There will also be natural turnover, and not all posts are appointed on agenda for change banding, and not at top of scale, these items will potentially reduce this risk.</p> <p>Further review of 2023/24 is being completed to see if there are any mitigations to offset this £400k risk.</p>

6. Recommendations

- 6.1.1 The Primary Care and Direct Commissioning Committee is asked to note the contents of the paper.

**APPENDIX 1 – Glos ICB 2023/24 Delegated Primary Care Co-Commissioning Budget
June 2023 Summary of Financial Position (Month 3)**

Gloucestershire ICB						
2023/24 Delegated Primary Care Co-Commissioning Budget						
June - 23						
Category of Expenditure	Total Budget 2023/24 £'000	Year to date Budget £'000	Year to date Expenditure £'000	Year to Date Variance £'000	Total Forecast Outturn £'000	Total Forecast Variance £'000
Enhanced Services	5,445	1,361	911	450	5,445	0
General Practice	69,892	17,473	17,214	258	69,892	0
Other GP Services	2,139	535	772	(237)	2,139	0
PCN	15,045	3,761	4,130	(368)	15,045	0
Premises	10,537	2,634	3,043	(409)	10,537	0
Prescribing and Dispensing	3,757	939	626	313	3,757	0
QOF	10,154	2,539	2,546	(7)	10,154	0
Totals	116,968	29,242	29,242	0	116,968	0



ICS Transformation Programme Highlight Report

July 2023



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Part of the One Gloucestershire Integrated Care System (ICS)

7.1 Integrated Locality Partnerships 1 of 2

Programme SRO	Mary Hutton	Clinical & Care Lead	Clinical Directors & ILP Chairs	Programme RAG	GREEN	Date of Report	20 July 2023
Programme Lead	Helen Goodey	Report Author	Bronwyn Barnes	Previous RAG	GREEN		

Programme Aim <small>(from delivery plan)</small>	Decisions / Actions Required of Board
The aim of the Place Based model is to improve the health, well-being and independence of people living in Gloucestershire through delivering a step change in more accessible, sustainable and higher quality out of hospital care. It is focused on supporting partnership working between PCNs and other key stakeholders. The key outcomes of the approach include improved health and wellbeing, reduced hospital admissions and length of stay, better experience and equality.	N/A

Programme Area/ Workstream <small>(as per delivery plan)</small>	Key Achievements from last reporting period <small>(from delivery plan)</small>	Key Upcoming Milestones for the next reporting period <small>(from delivery plan)</small>	Key Areas of Variance - that have occurred/ could occur <small>(from delivery plan)</small>
Place Based Model	<ul style="list-style-type: none"> • Presentation of three local projects in our localities and neighbourhoods to Gloucestershire Health and Wellbeing Partnership (HWP) in May to support a development session focussed on pillar two of the Integrated Care Strategy; Communities and Locality Focussed Approach. • Presentation on ILPs and locality working including local examples to delegates from the International Foundation for Integrated Care summer school as part of a wider Gloucestershire showcase. • Showcased examples of locality and neighbourhood working to Matt Neilgan, Director of System Transformation at NHSE. Additionally presented the ILP programme to Countywide Patient Participation Group, South West Region Place Leads and Active Gloucestershire. • Progress made in developing proposals for Strengthening Local Communities funding in all 6 localities with expectation that schemes are agreed with consideration of evaluation metrics to support the Autumn review. A variety of schemes have been identified by ILP members to support delivery of ILP priorities and to support community facing initiatives influencing the wider determinants of health and wellbeing cognisant of health inequalities. • Future sustainability of NHS Charities Together funded projects being worked through as part of a wider review of the legacy of the Gloucestershire programme once funding ends in February 2024. • Collation of existing activity covering the HWP exemplar themes of employment, smoking and blood pressure presented to the sub group which has informed and engaged colleagues in future projects. 	<ul style="list-style-type: none"> • Finalise Strengthening Local Communities grant funded schemes in each ILP for 2023/24 and commence delivery. • Refresh and share finalised strategic plan for ILPs with members. • Develop plans following direction from HWP in increasing sharing of and across localities including a showcase event later in the year and scaling up within local contexts. • Finalise scoping of remaining three Community Health and Wellbeing hubs to meet delivery ambitions. Consideration of a further hub/s to utilise any underspend. • Review of all PCN QI projects approved for the coming year with a view to ensuring amplification of impact by engaging wider ILP partners in design and delivery as appropriate. 	<ul style="list-style-type: none"> • Continued process to revisit all existing ILP priority projects to ensure evaluation metrics are regularly monitored, impact shared and if appropriate, suitable elements of the project scaled.. • Concerted effort to raise the profile of developments in Localities and Neighbourhoods in the coming months.

Key Risk, for escalation	Current Scores			Risk Mitigation	Mitigated Scores		
	Likelihood	Impact	Total		Likelihood	Impact	Total
There is a risk that limited primary care capacity impacts participation in Place/partnership agenda in some geographies	2	4	8	Continued focus on impactful and meaningful systemwide priorities.	2	3	6

7.1 Integrated Locality Partnerships 2 of 2

Programme SRO	Mary Hutton	Clinical & Care Lead	Clinical Directors & ILP Chairs	Programme RAG	GREEN	Date of Report	20 July 2023
Programme Lead	Helen Goodey	Report Author	Bronwyn Barnes	Previous RAG	GREEN		

Programme Area/ Workstream (as per delivery plan)	Key Achievements from last reporting period (from delivery plan)	Key Upcoming Milestones for the next reporting period (from delivery plan)	Key Areas of Variance - that have occurred/ could occur (from delivery plan)
Place Based Model	<ul style="list-style-type: none"> Neighbourhood and locality specific achievements: <ul style="list-style-type: none"> Plans progressing for the four Community Health and Wellbeing hubs as community assets in Core20 areas. Funding for the first hub in Cinderford in the Forest of Dean has been agreed with the hub due to open early in the Autumn. The hub will be the base for the CGL Peer Support Ally, linked to the ILP Substance Misuse Project. Scoping for the hubs in West Cheltenham and at Stroud Road and inner city Gloucester continue with expectations to open prior to Christmas. Tewkesbury ILP have agreed data driven priority themes of Children and Young People's mental health and, employment and blood pressure. A further theme of Housing will be explored later in the year. Cheltenham ILP hosted a VCS showcase in the town in order to gauge interest and support for a second health and wellbeing grant round funded by Strengthening Local Communities funding from the ICB. This proved a valued opportunity to connect VCS organisations and individuals to each other and to the ILP. Feedback will inform the grant programme and play a part in influencing the direction of the ILP. Development of Proactive Care in Cheltenham with the 3 PCNs proposing the use of QI funding to initiate proactive care programmes that will use the recruitment of Frailty Matrons, a one stop shop clinic and the virtual whiteboard amongst other plans. First workshop held to commence children and families priority in the Cotswolds focussing on support to young carers and young males with body image concerns. A variety of classes and courses continue to run in Stroud and Berkeley Vale funded by NHS Charities Together. These include Cookstars and teenage kitchen classes, menopause pilates, art and textiles for wellbeing and walks for wellbeing which have recently commenced. Stroud District Council have designed a series of maps available at libraries and online to encourage families and individuals to enjoy 'Go Outside walks' in the area. The Gloucester ILP priority of Active Communities will be delivered under three themes of Active Places, Active Spaces and Active People. This brings together existing projects in the locality and neighbourhoods as well as planned collaborative areas of focus. A Health and Wellbeing event took place in Brockworth on 14th July, aimed at older people and highlighting services and activities available within the local community, as a priority of Tewkesbury ILP. 	<ul style="list-style-type: none"> Neighbourhood and locality specific upcoming milestones include: <ul style="list-style-type: none"> A networking event to progress the children and young people priority in Stroud and Berkeley Vale being planned for September. Invitees include VCSE organisations that offer support to young people, commissioners and education representatives. A mapping exercise will identify what is currently on offer, access to services, identify any gaps and form a vision for services for young people locally moving forward. Family Fun Day planned in Springbank for 23rd August to introduce Health and Wellbeing Champion Lead to members of the community and offer opportunities for health and wellbeing checks and updates including blood pressure. Scoping and development of the newly agreed priorities of Tewkesbury ILP via the Operational group. Supported by Tewkesbury ILP, the Brockworth Community kitchen project, led by the Community Development Coordinator is due to launch later this month, providing food related community activities and education. In the Forest of Dean the ILP will be looking at the theme of Ageing Well over the coming year as a focused priority area in conjunction with the PCN. The Deprived Wards priority in the Cotswolds will now focus on all the wards of the Beeches, Watermoor, Chesterton and Stow with research to understand existing activity including the digihub, friendship café, coffee mornings and village hall warm spaces. Following review the plan is to host an event aimed at families in each area to include local VCS organisations and engage with members of the community to understand the strengths that exist. The Dementia, Frailty and Carers working group in Stroud and Berkeley Vale will analyse the carers week coding initiative to identify carers. For the frailty virtual ward an MDT will be convened to discuss and review the cohort medically fit for discharge at GRH. Furthermore the working group will expand its focus to include frailty interventions and support. 	<ul style="list-style-type: none"> Some priority projects in the Forest of Dean, Cheltenham and Tewkesbury have been impacted by uncertainty around future providers with GCC drug and alcohol and children's hub services currently out to tender.